

RESIDENTIAL BUILDING APPLICATION

Site Address: 1584 Wade Stephenson Road Holly Springs **PIN:** 0636-21-7838.000
Owner: Allyson Carroll McBride **Phone:** 919-291-6411 **Email:** saamgroup@me.com
Description of Proposed Work: New Construction **Total Job Cost:** \$60,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Homeowner/Self Contracted 919-291-6411
General Contractor's Company Name Phone
1580 Wade Stephenson Rd. Holly Springs, NC 27540 jcshvac@gmail.com
Address Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Construction Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Bunny Electrical LLC - Austin Dean 919-669-0063
Electrical Contractor's Company Name Phone
2837 Baptist Grove Road Fuquay Varina austindeanelectric@gmail.com
Address Email
L-29839
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Construction
JC's Heating and Air Conditioning Svc., Inc. 919-291-6411
Mechanical Contractor's Company Name Phone
1539 Wade Stephenson Road Holly Springs jcshvac@gmail.com
Address Email
22047 - H3 - J. Alan Carroll
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction # of Fixtures: 2 Bathroom
Larry Blanchard 910-303-2365
Plumbing Contractor's Company Name Phone
117 Rex Lane Holly Springs Email
Address
License #

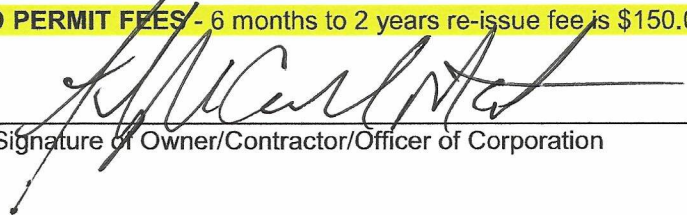
INSULATION CONTRACTOR INFORMATION

TBD
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

7/7/2025

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor XX Owner ____ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:


____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

XX Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

7/7/2025

Date