



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name: Robert Richard & Kristie Richard Date 3/11/2025

Site Address: 398 Tracey Ln Cameron, NC 28326 Phone 301-609-0260

Subdivision: _____ Lot _____

Description of Proposed Work: New Construction single family dwelling Total Job Cost \$ 1,269,146.55

General Contractor Information

MFGC Inc 910-992-8180

Building Contractor's Company Name Telephone

269 Baker Rd, Cameron, NC 28326 TeamMabus@mabusgc.com

Address Email Address

82575 HEATED SQ FT 3,834 GARAGE SQ FT 659

License # _____

Electrical Contractor Information

Description of Work New Construction single family dwelling Service Size: 400 Amps T-Pole: x Yes ___ No

Wester & Pace Electric Inc 919-499-3946

Electrical Contractor's Company Name Telephone

614 Leslie Rd Sanford NC 27332 christopher.l.wester@gmail.com

Address Email Address

12007-U

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction single family dwelling

Carolina Air 910-947-7707

Mechanical Contractor's Company Name Telephone

3700 US 15/501 Hwy Carthage NC 28327 jean@carolinaair.com

Address Email Address

34838

License # _____

Plumbing Contractor Information

Description of Work New Construction single family dwelling # Baths 2.5

Premier Plumbing 910-673-5291

Plumbing Contractor's Company Name Telephone

PO Box 35 Jackson Springs NC 27281 info@premierplumbingandrepair.com

Address Email Address

23808

License # _____

Insulation Contractor Information

TriCity Insulation & Bldg Prod. 334 E Mountain Dr, Fayetteville 28306 910-486-8855 lic#200000041733

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as 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 any and all changes.

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



Signature of Owner/Contractor/Officer(s) of Corporation

03/11/2025

Date

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

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

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

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

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

Sign w/Title:  MFGC, Inc, Owner Date: 03/11/2025