

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: New Home Inc., LLC   | Date  |
|--|---|
| Site Address: 376 Beacon Hill Rd. Lillington, NC 27546                             | Phone (919) 422-2838                                      |
| Subdivision: Duncans Creek   | Lot 102   |
| Description of Proposed Work: New Single Family                                    | Total Job Cost \$206,000                                  |
| General Contractor Informatio  |   |
| New Home Inc., LLC   |   |
| Building Contractor's Company Name   | Telephone   |
| 1611 Jones Franklin Road, STE 101, Raleigh, NC 27606                               | rich.sherman@newhomeinc.com                               |
| Address  | Email Address   |
| 82896 HEATED SQ FT <sup>2,411</sup> GARAGE S                                       | <mark>Q FT</mark> 437                                     |
| License #  |   |
| Electrical Contractor Informatic   |   |
| Description of Work <u>New Single Family</u> Service Size:<br>Ideal Electric, Inc. | <u>200</u> Amps T-Pole: <u>×</u> Yes No<br>(313) 452-7176 |
| Electrical Contractor's Company Name   | Telephone   |
| PO Box 969, Farmington, MI 48332   | michael.frittelli@idealelec.com                           |
| Address  | Email Address   |
| 27098-U  | Email Address   |
| License #  |   |
| Mechanical/HVAC Contractor Inform  | <u>mation</u>   |
| Description of Work New Single Family  |   |
| A. Maynor Heating & Air Conditioning, Inc.   | (919) 361-0993  |
| Mechanical Contractor's Company Name   | Telephone   |
| 100 Goodworth Drive, Apex, NC 27539  | brett@maynorservices.com                                  |
| Address  | Email Address   |
| 12309  |   |
| License #  |   |
| Plumbing Contractor Information  | on  |
| Description of Work New Single Family  | # Baths   |
| Barbour and Pourron Plumbing & Service Inc.  | (919) 553-4455  |
| Plumbing Contractor's Company Name   | Telephone   |
| PO Box 934, Clayton, NC 27520  | jeromy@bpplumbing.com                                     |
| Address  | Email Address   |
| 27132  |   |
| License #<br>Insulation Contractor Informati                                       | on  |
| LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610                             | (919) 453-6411  |
| Insulation Contractor's Company Name & Address                                     | Telephone   |
| modulion Contractor & Company Marile & Address                                     | reichnone   |

\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Rich Sherman

3/3/2025

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

Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14<br>The undersigned applicant being the:   |   |                     |                   |  |  |
|--|---|---------------------|-------------------|--|--|
| Genera   | I Contractor                                      | _Owner <u>X</u>     | Officer/Agen      | t of the Contractor or Owner   |  |
| Do hereby confi<br>set forth in the p  |   | perjury that the    | person(s), firm(s | ) or corporation(s) performing the work  |  |
| X Has three  | e (3) or more employe                             | es and has obta     | ained workers' cc | mpensation insurance to cover them.  |  |
| Has one them.  | (1) or more subcontra                             | ctors(s) and has    | s obtained worke  | rs' compensation insurance to cover  |  |
| $\frac{X}{C}$ 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.  |   |                     |                   |  |  |
| Department issu  | uing the permit may re<br>ne permit and at any ti | equire certificates | s of coverage of  | tood that the Central Permitting<br>worker's compensation insurance prior<br>m any person, firm or corporation |  |
| Sign w/Title:  | Rich Sherm  | an Mar              | nager             | Date: 3/3/2025   |  |