



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: Pinewood Capital LLC Date 3/3/2025
Site Address: 225 Carolina Lakes Rd, Sanford, NC 27332 Phone 9842705707
Subdivision: Carolina Lakes Lot 2
Description of Proposed Work: Single Family House New Total Job Cost 260,000

General Contractor Information

AK Service LLC 7049892760
Building Contractor's Company Name Telephone
6614 Truman St, Indian Trail, NC 28079 andrey@ak-service.pro
Address Email Address
104336 **HEATED SQ FT** 2010 **GARAGE SQ FT** 484
License #

Electrical Contractor Information

Description of Work Install Electric system, new Service Size: 200 Amps T-Pole: X Yes ___ No
Maynor, Carlton Brett Chappel 9193610993
Electrical Contractor's Company Name Telephone
1000 Goodworth Dr, Apex, NC 27539 fernando@maynorservices.com
Address Email Address
NC 11348
License #

Mechanical/HVAC Contractor Information

Description of Work Installation of HVAC system in new construction home
Maynor, Christopher Patrick Bray 9193610993
Mechanical Contractor's Company Name Telephone
4108 Atlantic Ave. Raleigh, NC27613 tim.watson@maynorservices.com
Address Email Address
NC 35159
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Maynor, Carlton Brett Chappel 9193610993
Plumbing Contractor's Company Name Telephone
1000 Goodworth Dr, Apex, NC 27539 tim.watson@maynorservices.com
Address Email Address
NC 35159
License #

Insulation Contractor Information

Tatum Insulation II, 519 Old Drug Store Rd, Garner, NC 27540 9196610999
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

3/3/2025

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:

Owner

Date: 3/3/2025