



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7625 ext:1
420 McKinney Pkwy (physical)
PO Box 66 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 1604 Young Road Angier PIN: 0693-83-9959.000 lots
Owner: Salena Gadenas Phone: 910-658-5530 Email: SC.JSmodernenterprises@gmail.com
Description of Proposed Work: New Single Family Home Total Job Cost: 275,000

GENERAL CONTRACTOR INFORMATION

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

Gaines Remodeling 252-531-9990
General Contractor's Company Name Phone
1284 B Stokes Road Greenville gainesbuilders@gmail.com
Address NC, 27858 Email
71883
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wiring new home Service Size: 200 Amps T-Pole: YES ☐ NO ☒
A/C Works 910-512-1814
Electrical Contractor's Company Name Phone
102 S 14th Street Wilmington NC brycemahoney1814@gmail.com
Address 28401 Email
26039
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Home Split System
A/C Works 910-512-1814
Mechanical Contractor's Company Name Phone
102 S 14th Street Wilmington, NC brycemahoney1814@gmail.com
Address 28401 Email
23932
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Construction - New Home # of Fixtures: 10
A/C Works 910-512-1814
Plumbing Contractor's Company Name Phone
102 S 14th Street Wilmington NC brycemahoney1814@gmail.com
Address 28401 Email
License #

INSULATION CONTRACTOR INFORMATION

Gaines Remodeling 252-531-9990
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



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.

David Davis
Signature of Owner/Contractor/Officer of Corporation

4-22-25
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

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,

☒ 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.

David Davis
Signature of Owner/Contractor/Officer of Corporation

4-22-25
Date