



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

* Each section below to be filled out by whomever performing work. 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: Jose and Carmela Rubio Date: 03-31-25
Site Address: 143 Knight rd Broadway NC 27505 Phone: (919) 478-8614
Subdivision: NO Lot: 5
Description of Proposed Work: New home construction Total Job Cost: 195,000

General Contractor Information

Ricardo Rodriguez (919) 356-6820
Building Contractor's Company Name Telephone
3340 Harward dr Sanford NC 27332 ricardo.8777@yahoo.com
Address Email Address
101771 HEATED SQ FT 2306 GARAGE SQ FT 559
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
Wester + Pace Electric INC (919) 499-3946
Electrical Contractor's Company Name Telephone
614 Leslie rd Sanford NC 28326
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work _____
D+D HVAC LLC (919) 628-2183
Mechanical Contractor's Company Name Telephone
605 Chatham st Sanford NC 27330
Address Email Address
23371
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3
McDonald Plumbing (919) 770-0773
Plumbing Contractor's Company Name Telephone
5321 Swanns station rd Sanford NC 27332
Address Email Address
11824
License #

Insulation Contractor Information

Insulating INC 1827 Jefferson Davis Hwy (919) 776-4138
Insulation Contractor's Company Name & Address Telephone
Sanford NC

*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.

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

03-31-05
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: Ricardo Rodriguez Contractor Date: 03-31-05