



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 7986 Overhills Rd. Spring Lake NC PIN: _____
Owner: Brandon + Brandie Toth Phone: (919) 664-0215 Email: branden.toth@icloud.com
Description of Proposed Work: New 2 story SFH Total Job Cost: \$250,000

GENERAL CONTRACTOR INFORMATION

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

Brandon Toth Owner (919) 664-0215
General Contractor's Company Name Phone
321 Gallery Dr #203 Spring Lake NC 28390 branden.toth@icloud.com
Address Email
N/A
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New 400 Amp Electrical Build out Service Size: 400 Amps T-Pole: YES ☒ NO ☐
Brandon Toth Owner (919) 664-0215
Electrical Contractor's Company Name Phone
321 Gallery Dr #203 Spring Lake NC 28390 branden.toth@icloud.com
Address Email
N/A
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: ~~New SFH Electrical Build out~~ New Dual zone Electric Heat Pump ductwork
Brandon Toth Owner (919) 664-0215
Mechanical Contractor's Company Name Phone
321 Gallery Dr #203, Spring Lake NC 28390 branden.toth@icloud.com
Address Email
N/A
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: New SFH 4 bath home rough + trim out # of Fixtures: _____
Brandon Toth Owner (919) 664-0215
Plumbing Contractor's Company Name Phone
321 Gallery Dr #203 Spring Lake NC 28390 branden.toth@icloud.com
Address Email
N/A
License #

INSULATION CONTRACTOR INFORMATION

Tri City Insulation (919) 623-4575
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.



Signature of Owner/Contractor/Officer of Corporation

6-9-25

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.



Signature of Owner/Contractor/Officer of Corporation

6-9-25

Date