



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: Wicker Construction Corp Date 4-9-25
Site Address: 284 Quail Hollow Phone 919-356-8585
Subdivision: Carolina Lakes Lot _____
Description of Proposed Work: New SFD Total Job Cost 300,000⁰⁰

General Contractor Information

Wicker Construction Corp 919-356-8585
Building Contractor's Company Name Telephone
2804 Carbonion RD Sanford NC 27330 brittenwicker@yahoo.com
Address Email Address
63744 **HEATED SQ FT** 2300 **GARAGE SQ FT** 486
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: X Yes ___ No
Wesley + Pace Electric Inc 919-495-3946
Electrical Contractor's Company Name Telephone
614 Leslie RD
Address Email Address
12007-0
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
Certified Heating + Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hopewell NC 28348
Address Email Address
H3C1-20012
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2
McBongsl Plumbing 919-770-0713
Plumbing Contractor's Company Name Telephone
5321 Swanns Station RD Sanford NC 27330
Address Email Address
11824
License #

Insulation Contractor Information

Tatum Insulation II, Inc 919-661-0789
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

4-09-25

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

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:  President Date: 4-9-25