



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: RiverWILD Homes Date 5/8/2025  
Site Address: 16 Sundrops Trail Phone 703-965-3952  
Subdivision: Alton Fields Lot 13  
Description of Proposed Work: Single Family Residential Total Job Cost \$180,000

**General Contractor Information**

RiverWILD Homes 919-813-0123  
Building Contractor's Company Name Telephone  
114 W. Main St. Clayton, NC 27520 kelley@staywild.com  
Address Email Address  
76333 HEATED SQ FT 1863 GARAGE SQ FT 416  
License #

**Electrical Contractor Information**

Description of Work New single family residential Service Size: \_\_\_\_\_ Amps T-Pole: ☒ Yes ☐ No  
Ogilvie Electric 919-362-7000  
Electrical Contractor's Company Name Telephone  
7736 Blaney Franks Rd. Apex, NC 27502 scheduling@ogilvieelectric.com  
Address Email Address  
17046  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New single family residential  
Carolina Comfort 919-367-3818  
Mechanical Contractor's Company Name Telephone  
P.O. Box 190 Clayton, NC 27528  
Address Email Address  
31589  
License #

**Plumbing Contractor Information**

Description of Work New single family residential # Baths 2.5  
Thronton's Plumbing 919-550-7111  
Plumbing Contractor's Company Name Telephone  
3160-A Vinson Rd. Clayton, NC 27527  
Address Email Address  
22152  
License #

**Insulation Contractor Information**

TriCity - 7204 Becky Cir. Raleigh, NC 27615 919-825-3857  
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

5/8/2025  
\_\_\_\_\_  
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: Kelley Judd Date: 5/8/2025