

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: Grosvenor Land, LLC	Date5.12.25
Site Address: 78 Graduate Ct Spring Lake, NC 28390 (lot 11)	37AC) Phone 910-688-7361
Subdivision: Anderson Creek	Lot 1137 AC
Description of Proposed Work: New Single Family Home	Total Job Cost 319,000
General Contractor Inform	
The Ascot Corporation, LLC	910-688-7361
Building Contractor's Company Name	Telephone
PO Box 1872	permitting@ascotgrp.com
Address	Email Address
70449 HEATED SQ FT 3244.10 GARA	GE SQ FT_645.83
License #	
Electrical Contractor Infor Description of WorNew Electrical System Service	
In Home Tech	910-908-2237
Electrical Contractor's Company Name	Telephone
3529 Gillespie Street, Fayetteville NC 28306	michael@inhome.tech
Address	Email Address
U.28907	
License #	
Mechanical/HVAC Contractor I	Information
Description of Work HVAC Install	
Certified Heating & Air Conditioning	910-858-1129
Mechanical Contractor's Company Name	Telephone
207 W David Parnell St, Parkton, NC 28371	ehrin.certified@gmail.com
Address	Email Address
20012 H3-1	
License #	
Plumbing Contractor Infor	
Description of Work Install Plumbing	# Baths_3.5
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	
5500 Deertrack Lane, Fayetteville, NC 28312	dellhairplumbing@hotmail.com
Address	Email Address
32886	
License # Insulation Contractor Infor	rmation
Insulating Inc. 1827 Jefferson Davis Hwy Sanford, NC 273	
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.

5.12.25

Sherry Kellam 5. Signature of Owner/Contractor/Officer(s) of Corporation Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

K 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:

X 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.

imes 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: <u>Sherry Kellam</u> Date: 5.12.25