



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

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

Application for Residential Building and Trades Permit

Owner's Name: The Ascot Corporation, LLC Date 5.12.2025
Site Address: 96 Graduate Ct Spring Lake, NC 28390 (Lot 1138AC) Phone 910-688-7361
Subdivision: Anderson Creek Lot 1138 AC
Description of Proposed Work: New Single Family Home Total Job Cost 285,000

General Contractor Information

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 2871.75 GARAGE SQ FT 704.00
License #

Electrical Contractor Information

Description of Work New Electrical System Service Size: 200 Amps T-Pole: X Yes ___ No
In Home Tech 910-308-2237
Electrical Contractor's Company Name Telephone
3529 Gillespie Street, Fayetteville, NC 28306 michael@inhome.tech
Address Email Address
U.28907
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC Install
Certified Heating & Air Conditioning 910-858-1129
Mechanical Contractor's Company Name Telephone
207 W David Parnett St. Parkton, NC 28371 ehrin.certified@gmail.com
Address Email Address
20012 H3-1
License #

Plumbing Contractor Information

Description of Work Install Plumbing # Baths 3.5
Dell Haire Plumbing, LLC 910-858-1129
Plumbing Contractor's Company Name Telephone
5500 Deertrack Lane, Fayetteville, NC 28312 dellhairplumbing@hotmail.com
Address Email Address
32886
License #

Insulation Contractor Information

Insulating Inc. 919-776-4138
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.

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

5.12.2025
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: Sherry Kellam Date: 5.12.2025