

Application #

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

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: MARY RAYNOR	Date 4-16-2025
Site Address: 1910 WADE STEPHENSON RD	Phone 9193974472
Subdivision: N/A	Lot N/A
Description of Proposed Work: NEW CONSTRUCTION - 1259 SQFT	Total Job Cost 200,000
General Contractor Informat	
IRIMA GENERAL CONTRACTING LLC	919-412-0450
Building Contractor's Company Name	Telephone
401 RAVENSTONE DR, CARY NC 27518	BIJAN@BUILDIRIMA.COM
Address	Email Address
104938 HEATED SQ FT 1259 GARAGE	SQ FT 0
License #	
Description of Work NEW 200 AMP SERVICE PANEL Service Siz	<u>ation</u> ze: ²⁰⁰ Amps T-Pole: ^X Yes <u> </u> No
C&M POWER LLC	919-444-3855
Electrical Contractor's Company Name	Telephone
194 COUNTRY RHOUTT BROWN RD, PITTSBORO NC 27312	ADMIN@CMPOWERLLC.COM
Address	Email Address
36642	
License #	
Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work NEW 3 TON HEAT PUMP UNIT	
CAI COMFORT AIR INC	9198186770
Mechanical Contractor's Company Name	Telephone
408 MEADOWS LN, WENDELL NC 27591	ISANCHEZ93@ATT.NET
Address	Email Address
29806	
License # Plumbing Contractor Informa	ation
Description of Work NEW CONSTRUCTION PLUMBING FOR 2.5 BATHS	
	# Baths 2.5
A&G IMPROVEMENTS LLC	919-444-3855
Plumbing Contractor's Company Name 1481 POPLAR SPRINGS CHURCH RD, SANFORD NC 27330	Telephone
<u> </u>	ADMIN@AGIMPROVEMENTSLLS.COM
Address 35246	Email Address
License #	
Insulation Contractor Informa	ation
REMODEL 2 LIVE LLC - 124 RIO GRANDE LN, WILLOW SPRING NC, 27592	984-332-8408
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.

—Signed by: Byan Am			/2025	
Signa	fure of Owner/Contractor/Officer(s) of Corp	poration Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14				
The u	ndersigned applicant being the:			
X	General Contractor Owner	Officer/Agen	t 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	s obtained workers' co	mpensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.				
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance				
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 v	N/Title Lynn Down	Owner & GC	Date: 5/12/2025	