

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: New Home Inc., LLC	Date 5-14-25					
Site Address: 1913 Ballard Road Fuquay- Varina, NC 2752	6 Phone (919) 422-2838					
Subdivision: Ballard Road	Lot 193					
Description of Proposed Work: New Single Family	Total Job Cost\$289,334					
General Contractor Information						
New Home Inc., LLC	<u>.</u> (919) 422-2838					
Building Contractor's Company Name	Telephone					
1611 Jones Franklin Road, STE 101, Raleigh, NC 27606	rich.sherman@newhomeinc.com					
Address	Email Address					
82896 HEATED SQ FT 3017 GARAGE SC	2 FT 469					
License #						
Electrical Contractor Information Description of Work New Single Family Service Size: 200 Amps T-Pole: X Yes No						
Description of Work <u>New Single Family</u> Service Size: JW Electrical Contractors Inc.	(919) 303-6100					
Electrical Contractor's Company Name	Telephone					
7620 Reams Court Apex, NC 27523	JWelectric3@gmail.com					
Address	Email Address					
E-23367						
License #						
Mechanical/HVAC Contractor Inform	nation					
Description of Work New Single Family						
A. Maynor Heating & Air Conditioning, Inc.	(919) 361-0993					
Mechanical Contractor's Company Name	Telephone					
100 Goodworth Drive, Apex, NC 27539	brett@maynorservices.com					
Address	Email Address					
12309						
License # Plumbing Contractor Information						
Description of Work New Single Family	# Baths					
Barbour and Pourron Plumbing & Service Inc.	(919) 553-4455					
Plumbing Contractor's Company Name	Telephone					
PO Box 934, Clayton, NC 27520	jeromy@bpplumbing.com					
Address	Email Address					
27132						
License #						
Insulation Contractor Information						
LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610	(919) 453-6411					
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.

Rich Sharman Manager

5-14-25 Date

Kich SharmanManagerSignature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14						
The undersigne	ed applicant being the:					
Gener	al Contractor	Owner	Х	Officer/Agent of the Co	ntractor 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.						
$\frac{X}{C}$ 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.						
Department iss to issuance of t carrying out the	suing the permit may re the permit and at any ti e work.	quire certi me during	ficates of the perm	ght it is understood that t f coverage of worker's contended work from any person nitted work from any person	ompensation insurance prior son, firm or corporation	
Sign w/Title:	Rich Sherma	n Mar	nager		Date: 5-14-25	