



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 Date 5.20.2025Site Address: 289 Education Dr Spring Lake NC 28390 Phone 910-688-7361Subdivision: Anderson Creek Lot 1143 ACDescription of Proposed Work: New Single Family Home Total Job Cost 233,469**General Contractor Information**The Ascot Corporation, LLC 910-688-7361Building Contractor's Company Name TelephonePO Box 1872 permitting@ascotgrp.comAddress Email Address70449 **HEATED SQ FT** 2321.03 **GARAGE SQ FT** 607.57

License # \_\_\_\_\_

**Electrical Contractor Information**Description of Work New Electrical System Service Size: 200 Amps T-Pole: X Yes \_\_\_ NoIn Home Tech LLC 910-506-9476Electrical Contractor's Company Name Telephone3529 Gillespie Street Fayetteville, NC 28306 michael@inhome.techAddress Email AddressU.28907

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**Description of Work HVAC InstallCertified Heating & Air Conditioning 910-858-1129Mechanical Contractor's Company Name Telephone207 W David Parnell St. Parkton, NC 28371 ehrin.certified@gmail.comAddress Email Address20012-H3-1

License # \_\_\_\_\_

**Plumbing Contractor Information**Description of Work Install Plumbing # Baths 3.5Dell Haire Plumbing LLC 910-429-9939Plumbing Contractor's Company Name Telephone5500 Deertrack Lane, Fayetteville, NC 28312 dellhairplumbing@hotmail.comAddress Email Address32886

License # \_\_\_\_\_

**Insulation Contractor Information**Insulating Inc. 919-776-4138Insulation 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

5.20.2025

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    permitting associate    Date: 5.20.2025