



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 # _____

* 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: Marcus Rolland Date 6-1-2025
Site Address: 5100 Overhills RD Spring Lake Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: _____ Total Job Cost \$ 450,000.00

General Contractor Information

Landry Builders Inc 910-850-0984
Building Contractor's Company Name Telephone
913 Cog Cabin Drive Ryan Landry 90 @ gmail.com
Address Email Address
59561 **HEATED SQ FT** 2300 **GARAGE SQ FT** 1,071
License #

Electrical Contractor Information

Description of Work _____ Service Size: 400 Amps T-Pole: ☒ Yes ☐ No
Allman Electric 910-279-0041
Electrical Contractor's Company Name Telephone
345 Wilkes RD
Address Email Address
U-6136
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Centrifugal Heatpump + A/C 910-858-0000
Mechanical Contractor's Company Name Telephone
207 David Farrell St
Address Email Address
H3C1-20012
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2 1/2
McDonald Plumbing 919-760-773
Plumbing Contractor's Company Name Telephone
5321 Swann Station RD
Address Email Address
11824
License #

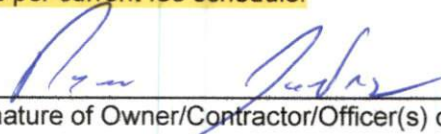
Insulation Contractor Information

Cummins Ins. 4205 Clinton RD 910-484-7118
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.


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

6-1-2025
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:  - President Date: 6-1-2025