



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: Oakmont Holding Inc. Date 6.26.2025  
Site Address: 279 Travelers Way (lot 342 OM) Phone 910-688-7361  
Subdivision: Anderson Creek Lot 342 OM  
Description of Proposed Work: New Single Family Home Total Job Cost 202,900

**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** 3169.87 **GARAGE SQ FT** 629.76  
License #

**Electrical Contractor Information**

Description of Work New Electrical System Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
In Home Tech 910-506-9476  
Electrical Contractor's Company Name Telephone  
3529 Gillespie Street Fayetteville, NC 28371 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  
Dell Haire Plumbing LLC 910-429-9939  
Plumbing Contractor's Company Name Telephone  
5500 Deertrack Ln, 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

6.26.2025  
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: 6.26.2025