

RESIDENTIAL BUILDING APPLICATION

Site Address: 3262 Oakridge River Rd. FV PIN: 0644-08-5232.000
Owner: Kim Hicks Ronald Hicks Phone: 919 369 7322 Email: atouchoftik@gmail.com
Description of Proposed Work: Residential new construction Total Job Cost: \$450K

GENERAL CONTRACTOR INFORMATION

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

owner
General Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Install Service Size: 400 Amps T-Pole: YES ☒ NO ☐
Mabry Electrical 919-639-4837
Electrical Contractor's Company Name _____ Phone _____
731 mabry Rd Angier office@mabryelectrical.com
Address _____ Email _____
15077-11
License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Install
Deluxe Home HVAC 919-772-3859
Mechanical Contractor's Company Name _____ Phone _____
PO BOX 261, GARNER deluxehomehvac@gmail.com
Address _____ Email _____
H-3 18120
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Install # of Fixtures: 17
Hare Plumbing 919-770-5308
Plumbing Contractor's Company Name _____ Phone _____
412 Swearingen Ln Sanford plumberman98@gmail.com
Address _____ Email _____
19443-PI
License # _____

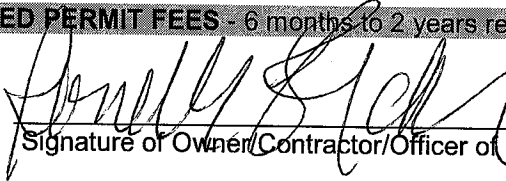
INSULATION CONTRACTOR INFORMATION

MP1 Foam 919-656-8464
Insulation Contractor's Company Name _____ Phone _____



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer of Corporation

8/26/2025
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

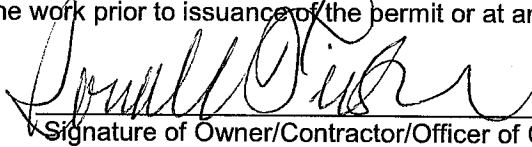
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.


Signature of Owner/Contractor/Officer of Corporation

8/26/2025
Date