



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

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

Application for Residential Building and Trades Permit

Owner's Name: RiverWILD Homes Date 7/3/2025
Site Address: 77 Sundrops Trail Phone 703-965-3952
Subdivision: Alton Fields Lot 18
Description of Proposed Work: Single Family Residential Total Job Cost \$180,000

General Contractor Information

RiverWILD Homes 919-813-0123
Building Contractor's Company Name Telephone
114 W. Main St. Clayton, NC 27520 kelley@staywild.com
Address Email Address
76333 HEATED SQ FT 1884 GARAGE SQ FT 542
License #

Electrical Contractor Information

Description of Work New single family residential Service Size: _____ Amps T-Pole: ☒ Yes ☐ No
Ogilvie Electric 919-362-7000
Electrical Contractor's Company Name Telephone
7736 Blaney Franks Rd. Apex, NC 27502 scheduling@ogilvieelectric.com
Address Email Address
17046
License #

Mechanical/HVAC Contractor Information

Description of Work New single family residential
Carolina Comfort 919-367-3818
Mechanical Contractor's Company Name Telephone
P.O. Box 190 Clayton, NC 27528
Address Email Address
31589
License #

Plumbing Contractor Information

Description of Work New single family residential # Baths 3.5
Thronton's Plumbing 919-550-4833
Plumbing Contractor's Company Name Telephone
3160-A Vinson Rd. Clayton, NC 27527
Address Email Address
22152
License #

Insulation Contractor Information

TriCity - 7204 Becky Cir. Raleigh, NC 27615 919-825-3857
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

7/3/2025

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: Kelley Judd Date: 7/3/2025