



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out
by whomever performing work.
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: A&G Residential LLC Date: 9/12/2025
Site Address: 175 Jaylin Oaks Drive Spring Lake NC 28390 Phone: 910-779-0229 prompt 3
Subdivision: Jaylin Oaks Lot: 24
Description of Proposed Work: New Detached Single Family Total Job Cost: \$165660

General Contractor Information

A&G Residential LLC 910-779-0229
Building Contractor's Company Name Telephone
1916 Arsenal Ave Suite B Fayetteville NC 28305 anastasia@agresidentialinc.com
Address Email Address
80672L **HEATED SQ FT** 1330 **GARAGE SQ FT** 402
License #

Electrical Contractor Information

Description of Work Single Family Electric Service Size: 200 Amps T-Pole: X Yes No
JM Pope Electric 910-890-3655
Electrical Contractor's Company Name Telephone
409 Chatham St Sanford NC 27330 Marshallpope74@gmail.com
Address Email Address
21326L
License #

Mechanical/HVAC Contractor Information

Description of Work Single Family HVAC
Certified Heating and Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills NC 28348 ehrin.certified@gmail.com
Address Email Address
20012
License #

Plumbing Contractor Information

Description of Work Single Family Plumbing # Baths 2
Titans Plumbing 919-902-0990
Plumbing Contractor's Company Name Telephone
PO Box 1045 Dunn NC 28335 business@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Tricity Insulation & Building Products 910-486-8855
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.

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

9/12/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

 X General Contractor X 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:

 X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

 X Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

 X 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: Anastasia Dailey - Construction Coordinator Date: 9/12/2025