



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 PermitOwner's Name: Family Building Company II LLC Date 7/16/25Site Address: 210 3rd St. Phone 931-269-9471

Subdivision: _____ Lot _____

Description of Proposed Work: New Single Family Home Total Job Cost \$200,000**General Contractor Information**

Family Building Company II LLC

931-269-9471

Building Contractor's Company Name

Telephone

1016 Mockingbird Drive Raleigh, NC 27615

permitting@familybuildingco.com

Address

Email Address

83597

HEATED SQ FT 1215

GARAGE SQ FT _____

License # _____

Electrical Contractor InformationDescription of Work All electrical work for new home Service Size: 200 Amps T-Pole: Yes ☒ No

CMC Electric

919-291-0989

Electrical Contractor's Company Name

Telephone

P.O. Box 1833 Clayton, NC 27528

emilyc@cmcserviceexperts.com

Address

Email Address

26804-U

License # _____

Mechanical/HVAC Contractor InformationDescription of Work All mechanical work for new home

Carolina Comfort Air Inc,

910-338-3670

Mechanical Contractor's Company Name

Telephone

5212 US Hwy 70 Business W Clayton, NC 27520

Address

Email Address

31589

License # _____

Plumbing Contractor InformationDescription of Work All plumbing work for new home # Baths 2

Carnell's Plumbing

Plumbing Contractor's Company Name

Telephone

611 Maggie Way, Wendell, NC 27591

dljcarnellsplbg@bellsouth.net

Address

Email Address

11755

License # _____

Insulation Contractor Information

Tri-City Insulation 7204 Becky Cr. Raleigh, NC 27615

919-790-9684

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.

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

7/16/25
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: Matthew Szalecki Date: 7/16/25