

RESIDENTIAL BUILDING APPLICATION

Site Address: 584 Jasmine RD Fuquay Varina, NC 27526 **PIN:** 0613-86-7450.000
Owner: Fischer Pearson **Phone:** 919-520-9892 **Email:** fischerpearson@gmail.com
Description of Proposed Work: New building application **Total Job Cost:** \$230,000.00

GENERAL CONTRACTOR INFORMATION

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

Howell Builders Inc 919-427-0679
General Contractor's Company Name Phone
3408 Oakridge River Rd Fuquay Varina, NC 27526 bryan@howell-builders.com
Address Email
102119
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Building Electrical Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Joseph Michael Fredley 919-390-8954
Electrical Contractor's Company Name Phone
1639 Farrell Rd Sanford, NC 27332 josephfredley@hotmail.com
Address Email
32169
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Building HVAC
Superior Heating and Coolii 910-890-2812
Mechanical Contractor's Company Name Phone
9314 NC Hwy 42 Holly Springs, NC 27540
Address Email
33958 h-3
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Building Plumbing # of Fixtures: 10
Eric Price 910-890-1350
Plumbing Contractor's Company Name Phone
19 CT Thomas Ln Lillington, NC 27546 pricerroofing76@yahoo.com
Address Email
38384 P-2
License #

INSULATION CONTRACTOR INFORMATION

Red Wolf Spray Foam 919-891-0017
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

29SEP25

Date

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

The undersigned applicant being the:

_____ General Contractor FP 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:

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

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

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

FP 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

29SEP25

Date