

RESIDENTIAL BUILDING APPLICATION

Site Address: 4439 Olivia Rd. PIN: 9568-35-3398
Owner: Alan & Gina Cox Phone: 910-890-0022 Email: ginacox2019@gmail.com
Description of Proposed Work: Construction of new single family dwelling Total Job Cost: \$406,975

GENERAL CONTRACTOR INFORMATION

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

Red Door Homes
General Contractor's Company Name
12809 Hwy 70 Bus. W Clayton, NC, 27520
Address
79810
License #

919-805-5716
Phone
Kallie@reddoorhomesnc.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Install electrical in sta
M Hills Electrical Contractors, Inc
Electrical Contractor's Company Name
1412 Pitty Pats Path Zebulon, NC, 27597
Address
18970
License #

Service Size: 200 Amps T-Pole: YES ☒ NO ☐
919-208-8679
Phone
mike@hillelhillselectrical.com
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install mechanical in sta
Carolina Comfort Air
Mechanical Contractor's Company Name
5212 Hwy 70 Bus. W Clayton, NC, 27520
Address
30936
License #

919-550-7711
Phone
knc@carolinacomfortair.com
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: Install plumbing in sta
Tom Bacon Plumbing
Plumbing Contractor's Company Name
P.O. Box 40 Hillsborough, NC, 27278
Address
21677
License #

of Fixtures: 11
919-619-7642
Phone
T3plumbinginc@aol.com
Email

INSULATION CONTRACTOR INFORMATION

Tri-City Insulation
Insulation Contractor's Company Name

252-206-6219
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.

DocuSigned by:

Gina Cox

Signature of Owner/Contractor/Officer of Corporation

9/16/2025

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.

Karin Taylor
Signature of Owner/Contractor/Officer of Corporation

9/16/25
Date