



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: Joe Butters Date 11/24/2025Site Address: 2642 Darroch Rd Phone 919.610.1767

Subdivision: _____ Lot _____

Description of Proposed Work: New Construction Single Family Dwelling Total Job Cost \$504,990.53**General Contractor Information**America's Home Place 910.252.0076Building Contractor's Company Name Telephone3266 Sanderosa Rd, Fayetteville NC 28312 aknoble@americashomeplace.comAddress Email Address84626 **HEATED SQ FT** 2550 **GARAGE SQ FT** 558

License # _____

Electrical Contractor InformationDescription of Work Electrical Service Size: 200 Amps T-Pole: ☒ Yes ☐ NoAllman Electric 910.485.8317Electrical Contractor's Company Name Telephone345 Wilkes Rd, Fayetteville NC 28306 rickstephens@allmanelectric.comAddress Email AddressU.06136

License # _____

Mechanical/HVAC Contractor InformationDescription of Work HVACCertified Heating & Air Conditioning 910.858.0000Mechanical Contractor's Company Name TelephoneP.O. Box 1071 Hope Mills, NC 28348 ehrin.certified@gmail.comAddress Email AddressL.20012

License # _____

Plumbing Contractor InformationDescription of Work Plumbing # Baths 2Titans Plumbing 919.902.0990Plumbing Contractor's Company Name TelephoneP.O. Box 1045 Dunn Rd, NC 28335 business@titansplumbing.comAddress Email Address34800L

License # _____

Insulation Contractor InformationBuilders Insulation P.O. Box 7788, Madison WI 53707 608.320.6507Insulation 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.

Ryan Froelich

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

11/24/2025

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: *Ryan Froelich*

District Vice President Date: 11/24/2025