

RESIDENTIAL BUILDING APPLICATION

Site Address: COTTER Morrison Rd PIN: 0611-54-4223

Owner: HAMPTON PETERMAN Phone: 301.411.2942 Email: hapeterman@gmail.com

Description of Proposed Work: New Single Family Dwelling Total Job Cost: \$624K

GENERAL CONTRACTOR INFORMATION

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

Foothills Building Group

General Contractor's Company Name
3562 SPANBERG AVE CLEMMONS NC
Address 27012
License # 87181
Phone 916 601 7227
Email RyanL.Kirsch@Team1845.com

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: ROUGH / FINISH ELECTRICAL - New Residence Service Size: 200 Amps T-Pole: YES NO
BBHA ELECTRIC
Electrical Contractor's Company Name
331 WESTBRIDGE PLACE MT AIRY 27030
Address U 36531
License #
Phone 336-260-7947
Email BRANDON@BBHAELECTRIC.COM

MECHANICAL/HVAC CONTRACTOR INFORMATION

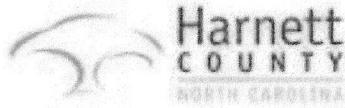
Description of Work: HVAC SYSTEM INSULATION
MP MECHANICAL
Mechanical Contractor's Company Name
274 WELDON PANTER RD TIMBERLAKE NC 27583
Address 31404
License #
Phone (919)937-7844
Email MICHAEL@HEATDOMERIGHT.COM

PLUMBING CONTRACTOR INFORMATION

Description of Work: UNDERGROUND ROUGH AND FINISH PLUMBING # of Fixtures: 20
PLUMB SERVE LLC
Plumbing Contractor's Company Name
4009 ESTATE DRIVE BLDG 3 Creedmoor NC
Address 27522
License # L 35021
Phone (919) 964-9504
Email ADM1@PLUMBSERVELLC.COM

INSULATION CONTRACTOR INFORMATION

DIEDMONT PRO FORM
Insulation Contractor's Company Name
Phone (336) 954 0763



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.

A handwritten signature in black ink that appears to read 'Rye Grub'.

Signature of Owner/Contractor/Officer of Corporation

A handwritten date in black ink that reads '9/22/25'.

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

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.

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Signature of Owner/Contractor/Officer of Corporation

A handwritten date in black ink that reads '9/22/25'.

Date