

RESIDENTIAL BUILDING APPLICATION

Site Address: CORTER MORRISON RD PIN: 0611-54-4223
Owner: HAMPTON PETERMAN Phone: 301.411.2942 Email: hapeteman@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 916 601 7227
General Contractor's Company Name Phone
3562 SPANGLERBERG AVE CLEMMONS NC RYAN.KIRSCH@TEAM1845.COM
Address 27012 Email
871811
License #

ELECTRICAL CONTRACTOR INFORMATION (PENDING)

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

MECHANICAL/HVAC CONTRACTOR INFORMATION (PENDING)

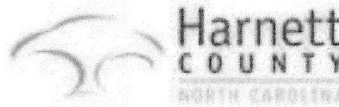
Description of Work: HVAC SYSTEM INSULATION
MP MECHANICAL (919) 937-7844
Mechanical Contractor's Company Name Phone
274 WELDON PAINTER RD TIMBERLAKE NC 27503 MICHAEL@HEATDOMEPLUMB.COM
Address Email
31404
License #

PLUMBING CONTRACTOR INFORMATION (PENDING)

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

INSULATION CONTRACTOR INFORMATION (PENDING)

PIEDMONT PRO FIRM (336) 954 0763
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.

Ryan G. Smith
Signature of Owner/Contractor/Officer of Corporation

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.

Ryan G. Smith
Signature of Owner/Contractor/Officer of Corporation

9/22/25
Date