

RESIDENTIAL BUILDING APPLICATION

Site Address: Lot 17 Natchez Trace **PIN:** 0613-96-1173
Owner: Family Building Company II LLC **Phone:** 931-269-9471 **Email:** permitting@familybuildingco.com
Description of Proposed Work: New Single Family Home **Total Job Cost:** 200,000

GENERAL CONTRACTOR INFORMATION

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

<u>Family Building Company II LLC</u>	<u>931-269-9471</u>
<u>General Contractor's Company Name</u>	<u>Phone</u>
<u>1016 Mockingbird Drive Raleigh, NC 27615</u>	<u>permitting@familybuildingco.com</u>
<u>Address</u>	<u>Email</u>
<u>83597</u>	
<u>License #</u>	

ELECTRICAL CONTRACTOR INFORMATION

<u>Description of Work: All electrical work for new home</u>	<u>Service Size: 200</u> Amps	<u>T-Pole: YES ☐ NO ☒</u>
<u>CMC Electric</u>	<u>919-291-0989</u>	
<u>Electrical Contractor's Company Name</u>	<u>Phone</u>	
<u>P.O. Box 1833 Clayton, NC 27528</u>	<u>emilyc@cmcserviceexperts.com</u>	
<u>Address</u>	<u>Email</u>	
<u>26804-U</u>		
<u>License #</u>		

MECHANICAL/HVAC CONTRACTOR INFORMATION

<u>Description of Work: All mechanical work for new home</u>	
<u>Carolina Comfort Air Inc,</u>	<u>910-338-3670</u>
<u>Mechanical Contractor's Company Name</u>	<u>Phone</u>
<u>5212 US Hwy 70 Business W Clayton, NC 27520</u>	
<u>Address</u>	<u>Email</u>
<u>31589</u>	
<u>License #</u>	

PLUMBING CONTRACTOR INFORMATION

<u>Description of Work: All plumbing work for new home</u>	<u># of Fixtures: 2</u>
<u>Stellar Plumbing</u>	<u>919-389-5372</u>
<u>Plumbing Contractor's Company Name</u>	<u>Phone</u>
<u>P.O. Box 814 Graham, NC 27253</u>	<u>stellarplumbingnc@gmail.com</u>
<u>Address</u>	<u>Email</u>
<u>35939</u>	
<u>License #</u>	

INSULATION CONTRACTOR INFORMATION

<u>Tri-City Insulation 7204 Becky Cr. Raleigh, NC 27615</u>	<u>919-790-9684</u>
<u>Insulation Contractor's Company Name</u>	<u>Phone</u>



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.

Matthew Szalecki

Signature of Owner/Contractor/Officer of Corporation

10/1/25

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.

Matthew Szalecki

Signature of Owner/Contractor/Officer of Corporation

10/1/25

Date