Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: A&G Residential LLC Date: 10/10/2025

Site Address: 349 Appaloosa Drive Spring Lake NC 28390 Phone: 910-779-0229

Subdivision: Harnett Lakes Lot: 46

Description of Proposed Work: _____ Total Job Cost: $152295

General Contractor Information

A&G Residential LLC — Building Contractor's Company Name
910-779-0229 — Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305 — Address
anastasia@agresidentialnc.com — Email Address
80672L — License #
HEATED SQ FT 1330 GARAGE SQ FT 570

Electrical Contractor Information

Description of Work Single Family Electric Service Size: 200 Amps T-Pole: x Yes ___ No

JM Pope Electric — Electrical Contractor's Company Name
910-890-3655 — Telephone
409 Chatham Street Sanford NC 27330 — Address
Marshallpope74@gmail.com — Email Address
21326L — License #

Mechanical/HVAC Contractor Information

Description of Work Single Family HVAC

Certified Heating & Air — Mechanical Contractor's Company Name
910-858-0000 — Telephone
PO Box 1071 Hope Mills NC 28348 — Address
ehrin.certified@gmail.com — Email Address
20012 — License #

Plumbing Contractor Information

Description of Work Single Family Plumbing # Baths 2

Titans Plumbing — Plumbing Contractor's Company Name
919-902-0990 — Telephone
PO Box 1045 Dunn NC 28335 — Address
business@titansplumbing.com — Email Address
34800 — License #

Insulation Contractor Information

Tricity Insulation & Building Products — Insulation Contractor's Company Name & Address
910-486-8855 — 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.

A'Paiey — 10/10/2025

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

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner ___x___ 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:

__x__ 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.

__x__ 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: Anastasia Dailey - Construction Coordinator Date: 10/10/2025