



RESIDENTIAL BUILDING APPLICATION

Site Address: 835 JOHNSONVILLE SCHOOL ROAD **PIN:** 9566-75-0923,000

Owner: VICTORIA BOTT **Phone:** (907) 726-7747 **Email:** vswansonak@gmail.com

Residential dwelling at 835 Johnsonville School Road.

Description of Proposed Work: The home will be approximately 1,200 square feet and will be built using a prefabricated kit house that includes only walls and trusses.. **Total Job Cost:** \$150,000

GENERAL CONTRACTOR INFORMATION

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

ERICKSON HOMES LLC (910) 403-1973
 General Contractor's Company Name Phone
1507 SLOCOMB ROAD, LINDEN, NC 28356 Samantha@ericksonhomesnc.com
 Address Email
100412
 License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: ELECTRICAL ROUGH IN AND TRIM OUT Service Size: 200 Amps T-Pole: YES ☒ NO ☐
PIGTAIL ELECTRIC L.L.C (919) 915-2695
 Electrical Contractor's Company Name Phone
370 SLAPOUT ROAD, MOUNT OLIVE, NC 28365 PIGTAILLLC@GMAIL.COM
 Address Email
L. 36666
 License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: HVAC ROUGH IN AND SET OUTS
CAROLINA COMFORT AIR (919) 901-8901
 Mechanical Contractor's Company Name Phone
703 N. CLINTON AVE, DUNN, NC 28334 ASMITH@CAROLINACOMFORTAIR.COM
 Address Email
L.29077
 License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: PLUMBING ROUGH IN AND SET OUTS # of Fixtures: 17
ROC PLUMBING LLC (910) 242-2782
 Plumbing Contractor's Company Name Phone
101 Holmes Street, Dunn, NC 28334 rocplumbingllc@gmail.com
 Address Email
License # 37101
 License #

INSULATION CONTRACTOR INFORMATION

CUMBERLAND INSULATION:
4205 CLINTON ROAD, FAYETTEVILLE, NC 28312 (910) 484-7118
 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.

Victory Bell

Signature of Owner/Contractor/Officer of Corporation

10/24/2025

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

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.

[Signature]

Signature of Owner/Contractor/Officer of Corporation

10/24/2025

Date