

Application #

Harnett County Central Permitting

\* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: A&G Residential LLC	Date: 10/27/2025
Site Address: 367 Appaloosa Drive Spring Lake NC 28390	Phone: 910-779-0229
Subdivision: Harnett Lakes	Lot: <u>45</u>
Description of Proposed Work:	Total Job Cost: \$152295
General Contractor Inform	mation
A&G Residential LLC	910-779-0229
Building Contractor's Company Name	Telephone
916 Arsenal Ave Suite B Fayetteville NC 28305	anastasia@agresidentialnc.com
Address	Email Address
80672L HEATED SQ FT 1330 GARA	GE SQ FT <sup>570</sup>
License #	_
Electrical Contractor Infor	<u>'mation</u> Size: <sup>_200</sup> _Amps T-Pole: <u>x</u> YesNo
Description of Work Single Family Electric Service  JM Pope Electric	910-890-3655
<u> </u>	
Electrical Contractor's Company Name 409 Chatham Street Sanford NC 27330	Telephone
	Marshallpope74@gmail.com Email Address
Address	Email Address
21326L License #	
Mechanical/HVAC Contractor	Information
Description of Work Single Family HVAC	
•	910-858-0000
Certified Heating & Air  Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills NC 28348	·
Address	ehrin.certified@gmail.com Email Address
	Email Address
20012 License #	
Plumbing Contractor Infor	rmation
Description of Work Single Family Plumbing	# Baths2
	919-902-0990
Titans Plumbing Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn NC 28335	•
Address	business@titansplumbing.com Email Address
34800	Email Address
License #	
Insulation Contractor Info	<u>rmation</u>
Tricity Insulation & Building Products	910-486-8855
Insulation Contractor's Company Name & Address	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.

is as per current fee schedule.	e fee is \$150.00. After 2 years re-issue fee	
apaig	10/27/2025	
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 Office	er/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.		
$\frac{X}{\text{covering themselves}}$ 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 Department issuing the permit may require certificates of cover to issuance of the permit and at any time during the permitted carrying out the work.	rage of worker's compensation insurance prior	
Sign w/Title Anastasia Dailey - Construction Coordinator	Date: 10/27/2025	