

Application #

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

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: New Home Inc., LLC	Date _10/29/2025
Site Address: 492 Beacon Hill Rd., Lillington, NC 27546	Phone (919) 422-2838
Subdivision: Duncans Creek	Lot60
Description of Proposed Work: New Single Family	Total Job Cost <u>\$239,514</u>
General Contractor Informa	ation
New Home Inc., LLC	(919) 422-2838
Building Contractor's Company Name	Telephone
1611 Jones Franklin Road, STE 101, Raleigh, NC 27606	rich.sherman@newhomeinc.com
Address	Email Address
82896 HEATED SQ FT 2523 GARAGE	E SQ FT_ 394
License #	
Electrical Contractor Inform	
Description of Work New Single Family Service Si	
Ideal Electric, Inc.	(313) 452-7176
Electrical Contractor's Company Name	Telephone
PO Box 969, Farmington, MI 48332 Address	michael.frittelli@idealelec.com Email Address
27098-U	Email Address
License #	
Mechanical/HVAC Contractor Inf	formation
Description of Work New Single Family	
A. Maynor Heating & Air Conditioning, Inc.	(919) 361-0993
Mechanical Contractor's Company Name	Telephone
100 Goodworth Drive, Apex, NC 27539	brett@maynorservices.com
Address	Email Address
12309	
License #	
Plumbing Contractor Inform	<u>ation</u>
Description of Work New Single Family	# Baths <u>3</u>
Barbour and Pourron Plumbing & Service Inc.	(919) 553-4455
Plumbing Contractor's Company Name	Telephone
PO Box 934, Clayton, NC 27520	jeromy@bpplumbing.com
Address	Email Address
27132	
License #	_
Insulation Contractor Inform	
LiveGreen Inc., 5001 Old Poole Road, Raleigh, NC 27610	(919) 453-6411
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.

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.

Rich Sherman Signature of Owner/Contractor/Officer(s) of Corporation 10/29/2025 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor OwnerX 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.		
\underline{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: Rich Sherman Manager Date: 10/29/2025		