



Application # \_\_\_\_\_

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

\* 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: RiverWILD Homes Date 11/17/2025Site Address: 159 Beebalm Run Phone 703-965-3952Subdivision: Alton Fields Lot 7Description of Proposed Work: Single Family Residential Total Job Cost \$180,000**General Contractor Information**RiverWILD Homes 919-813-0123

Building Contractor's Company Name Telephone

114 W. Main St. Clayton, NC 27520 kelley@staywild.com

Address Email Address

76333 HEATED SQ FT 1819 GARAGE SQ FT 432

License #

**Electrical Contractor Information**Description of Work New single family residential Service Size: \_\_\_\_\_ Amps T-Pole: ☒ Yes ☐ NoOgilvie Electric 919-362-7000

Electrical Contractor's Company Name Telephone

7736 Blaney Franks Rd. Apex, NC 27502 scheduling@ogilvieelectric.com

Address Email Address

17046

License #

**Mechanical/HVAC Contractor Information**Description of Work New single family residentialCarolina Comfort 919-367-3818

Mechanical Contractor's Company Name Telephone

P.O. Box 190 Clayton, NC 27528

Address Email Address

31589

License #

**Plumbing Contractor Information**Description of Work New single family residential # Baths 2.5Thronton's Plumbing 919-550-7111

Plumbing Contractor's Company Name Telephone

3160-A Vinson Rd. Clayton, NC 27527

Address Email Address

22152

License #

**Insulation Contractor Information**TriCity - 7204 Becky Cir. Raleigh, NC 27615 919-825-3857

Insulation Contractor's Company Name &amp; 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.**

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

11/17/2025  
\_\_\_\_\_  
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

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ 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.

\_\_\_\_\_ 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: Kelley McLamb Date: 11/17/2025