

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: CHESAPEAKE HOMES Date: 5/11/13

Site Address: 83 HAYFIELD DR Phone: 410-212-4060

Directions to job site from Lillington: _____

Subdivision: THE FARM AT NELLIS CREEK Lot: 104

Description of Proposed Work: MODEL HOME WITH SALES OFFICE

Heated SF 2666 Unheated SF 455

General Contractor Information: Building Cost \$ 235,000

CHESAPEAKE HOMES
Building Contractor's Company Name

410-212-4060
Telephone

3100 SMOKE TREE CT STE 210
Address

bblough@CHESHOMES.COM
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

63660
License #

Electrical Contractor Information: Electrical Cost \$ 20,000

Description of Work SINGLE FAMILY RESIDENTIAL Service Size: 200 Amps #T-Poles 1

ROMANOFF ELEC
Electrical Contractor's Company Name

919-248-4652
Telephone

3006 INDUSTRIAL DR STE 120 27609
Address

JBOLEN@ROMANOFFGROUP.COM
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

U-12915
License #

Mechanical Contractor Information: Mechanical Cost \$ 22,000

Description of Work SINGLE FAM RESIDENTIAL HVAC # Units 2

YELLOW DOT HEATING AND AIR CONDITIONING
Mechanical Contractor's Company Name

919-425-4231
Telephone

2400 SUMMER BLVD STE 120 27616
Address

PKEENAN@YDHWAC.COM
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

32872
License #

Plumbing Contractor Information: Plumbing Cost \$ 18,000

Description of Work SINGLE FAM RESIDENTIAL PLUMBING # Baths 3

ALL MAX PLUMBING
Plumbing Contractor's Company Name

919-678-0111
Telephone

2428 RELIABLE AVE APEX NC 27539
Address

ONE@ALL-MAXPLUMBING.COM
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

29022
License #

Insulation Contractor Information

TRI-CITY
Insulation Contractor's Company Name & Address

919-790-7684
Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**