

*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: zone 4 properties, llc Date: 12/14/2023

Site Address: PIN # 0633-04-8320 0000 Phone: 919-333-6020

Directions to job site from Lillington: _____

Subdivision: Magnolia Acres Lot: 57

Description of Proposed Work: temporary use sales trailer for new neighborhood

Heated SF 576 Unheated SF _____

General Contractor Information: Building Cost \$ 20000

HHH Hunt Homes Telephone 919-333-6020

Building Contractor's Company Name 1 Fenton Main St Suite 280, Cary NC 27511 Telephone helatta@hhhunthomes.com

Address: [Signature] Email Address 66021

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Electrical Contractor Information: Electrical Cost \$ 750

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Romanoff 919-848-4652

Electrical Contractor's Company Name Telephone _____

3000 Industrial Dr suite 120 Raleigh NC 27609 T Howard@Romanoffgroup.com

Address [Signature] Email Address 12915-0

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

n/a

Mechanical Contractor's Company Name Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information: Plumbing Cost \$ 750

Description of Work _____ # Baths _____

Celey's Celey's Quality Services, LLC 919.938.1813

Plumbing Contractor's Company Name Telephone _____

636 Old Roberts Rd. Ste 6b Benson NC 27504 schedule@celeys.com

Address Jana Colville Email Address 32853 P-1

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

n/a

Insulation Contractor's Company Name & Address Telephone _____

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

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____ *n/a*

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____ *n/a*

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation _____

Date 1/11/2024

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.

Company or Name: HHHuntHomes

Sign w/Title: [Signature] - Permit Specialist Date: 1/11/2024