



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Charles & Jenn Sanville Date: 1/14/2020
Site Address: 490 Moonlight Dr. Fugate Varina Phone: 919-522-5433
Subdivision: Stetson Subdivision Lot: 31
Description of Proposed Work: Add Garage/study/ 1/2 bath Total Job Cost: \$100,000

General Contractor Information

Triangle Classic Homes Inc. / Carl Caldwell - VP 919-795-9489
Building Contractor's Company Name Telephone
PO Box 90383 Raleigh 27675 ccaldwellenc.vr.com
Address Email Address
41991
License #

Electrical Contractor Information

Description of Work Wire garage/study/ 1/2 bath Service Size: 100 Amps T-Pole: Yes No
ML Electric 919-337-7002
Electrical Contractor's Company Name Telephone
3305 Durham Dr. Suite 101 Raleigh 27603 info@mlelectric.com
Address Email Address
10696-L
License #

Mechanical/HVAC Contractor Information

Description of Work Install mini-split in garage/exhaust fan in 1/2 bath
Comfort Master 919-878-0998
Mechanical Contractor's Company Name Telephone
500 E Gannon Ave, Zebulon tommy.brown@comfortmasterinc.com
Address Email Address
17728
License #

Plumbing Contractor Information

Description of Work Install new 1/2 bath # Baths 1/2 bath
Celeys Quality Services 919-938-1813
Plumbing Contractor's Company Name Telephone
636-6B Old Roberts Rd Benson 27504 fara@celeys.com
Address Email Address
32853
License #

Insulation Contractor Information

Tatum Insulation II 519 Old Drug Store Rd Garner 27529 919-661-0999
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.

Carl Caldwell - VP TCH Inc.

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

1/14/2020

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: Carl Caldwell - VP TCH, Inc.

Date: 1/14/2020