

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

## **Application for Residential Building and Trades Permit**

Owner's Name: DAVIDSON HOMES, LLC	Date _ 07/08/2024
Site Address: 225 WILD TURKEY WAY, LILLINGTON, NC 275	546 Phone 252-283-2036
Subdivision: WELLERS KNOLL	Lot 65
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTI	AL_ Total Job Cost \$30,000
General Contractor Informat	tion
DAVIDSON HOMES, LLC	252-283-2036
Building Contractor's Company Name	Telephone
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824	ralpermitting@davidsonhomesllc.com
Address	Email Address
80381 HEATED SQ FT 0 GARAGE	SQ FT 528 DETACHED GARAGE
License #	
<u>Electrical Contractor Information of Work NEW SINGLE FAMILY RESIDENTIAL</u> Service Size	
TOOL TIME ELECTRIC COMPANY, INC.	
Electrical Contractor's Company Name	919-215-9245 Telephone
PO Box 1347 APEX, NC 27502	brandon@tooltimeelectric.com
Address	Email Address
1.31034	
License #	
Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work N/A	-
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	ation
Description of Work N/A	# Dothe
	# Baths
Plumbing Contractor's Company Name	Telephone
	Telephone
Plumbing Contractor's Company Name  Address	
Address	Telephone
Address License #	Telephone Email Address
Address	Telephone Email Address

\*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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

07/08/2024

Date

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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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 set forth in the permit:	work
Has three (3) or more employees and has obtained workers' compensation insurance to cover the	nem.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cothem.	ver
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insura covering themselves.	ance
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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	e prior
Sign w/Title: Davidson Homes RALEIGH DIVISION PRESIDENT Date: 07/08/2024	