

RESIDENTIAL BUILDING APPLICATION

Site Address: 315 Moonlight Drive Fuquay Varina, NC 27526 **PIN:** 040674004615

Owner: Purshotam Khemraj **Phone:** _____ **Email:** _____

Description of Proposed Work: 20x15 Deck Platform 28" High **Total Job Cost:** \$5,000

GENERAL CONTRACTOR INFORMATION

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

<u>Ty Hope Homes LLC</u>	<u>336-708-9447</u>
General Contractor's Company Name	Phone
<u>412 Rhoda Lilley Drive Fuquay Varina NC 27526</u>	<u>tyhopehomes@gmail.com</u>
Address	Email
<u>86562</u>	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Pole: YES ☐ NO ☐

_____	_____
Electrical Contractor's Company Name	Phone
_____	_____
Address	Email

License #	

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

_____	_____
Mechanical Contractor's Company Name	Phone
_____	_____
Address	Email

License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____

_____	_____
Plumbing Contractor's Company Name	Phone
_____	_____
Address	Email

License #	

INSULATION CONTRACTOR INFORMATION

_____	_____
Insulation Contractor's Company Name	Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

David Johnson

Signature of Owner/Contractor/Officer of Corporation

06/26/2025

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

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

☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

David Johnson

Signature of Owner/Contractor/Officer of Corporation

06/26/2025

Date