

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.

Application for Residential Building and Trades Permit

Owner's Name Triangle Home Pros LLC Date 7/9/2018
Site Address 852 Cokesbury Park LN Phone 919-346-1528
Directions to job site from Lillington 4011N to Christian Light L to Cokesbury Rd - L - TO Cokesbury Park LN - L to 852

Subdivision Cokesbury Park Lot 34R
Description of Proposed Work New 2 car Detached Garage # of Bedrooms 0
Heated SF _____ Unheated SF 576 Finished Bonus Room? NA Crawl Space _____ Slab X

General Contractor Information

Triangle Home Pros LLC 919-346-1528
Building Contractor's Company Name Telephone
6312 Lauracq Ln, Fugay, Varing NC THPHomes@gmail.com
Address Email Address
77019
License #

Electrical Contractor Information

Description of Work New Garage Electrical Service Size _____ Amps T-Pole _____ Yes _____ No
Dawson's Electric Inc 919-552-0246
Electrical Contractor's Company Name Telephone
609 Cotton Rd, Fugay Varing, NC Travis@DawsonElectric.com
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work NA
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

NA
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor 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.


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

7/9/2018
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

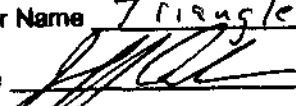
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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

Company or Name Triangle Home Pros LLC
Sign w/Title  President Date 7/9/2018