

09/09/11

Application #

16-50039123

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 Watermark Homes, Inc. Date _____

Site Address 89 Reserve Dr. Phone 910-759-1307

Directions to job site from Lillington _____
From 401, Left onto W Cornelius Harnett Blvd, Left onto Piney Grove Rawls rd., Left onto Wagstaff Rd., Left onto Rolands Rd., Destination is on Right Side.

Subdivision The Reserve Lot 11

Description of Proposed Work Single Family # of Bedrooms 3

Heated SF 2,548 Unheated SF 1139 Finished Bonus Room? NO Crawl Space _____ Slab X

General Contractor Information

Watermark Homes, Inc. 910-483-2229
Building Contractor's Company Name Telephone
1308 Fort Bragg Road - Suite 201 Fayetteville, NC 28305 sharon@watermarkhomesnc.c
Address Email Address
49261BLD-U
License #

Electrical Contractor Information

Description of Work Electical Service Service Size _____ Amps T-Pole ___ Yes ___ No
Tool Time Services Inc. 919-977-1408
Electrical Contractor's Company Name Telephone
PO Box 2207 Garner NC 27529 tooltimeservice@gmail.com
Address Email Address
27554-1
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC Heating and Air System
Stephenson Heating and Air Inc. 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Drive Garner, NC 27520 stephensonhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3 1/2
Chris Holloway Plumbing 910-624-2670
Plumbing Contractor's Company Name Telephone
737 Old NC 20 St Pauls, NC 28384 chrisholloway@nc.rr.com
Address Email Address
28541
License #

Insulation Contractor Information

Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 28312 910-484-7118
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

Sharon Smith, Permits analyst / office manager 05/23/2017
Signature of Owner/Contractor/Officer(s) of Corporation 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 Watermark Homes, Inc.

Sign w/Title Sharon Smith, office manager Date 05/23/2017