

09/09/11

Application #

1750040493

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 Date 1/16/2017

Site Address 635 Cokesbury Park LN Phone 919-346-1528

Directions to job site from Lillington Hwy 401 N - Then Left on Christian Light R.d - Then Left on Cokesbury R.d - Then Left onto Cokesbury Park LN To the Property

Subdivision Cokesbury Park Lot 54

Description of Proposed Work New single family Home # of Bedrooms 3

Heated SF 1196 Unheated SF _____ Finished Bonus Room? NA Crawl Space X Slab _____

General Contractor Information

Triangle Home Pros
Building Contractor's Company Name

919-346-1528
Telephone

6312 Lauraca Ln Fuquay Varina NC
Address

THPhomes@gmail.com
Email Address

77019
License #

Electrical Contractor Information

Description of Work Wire New SFH Service Size 200 Amps T-Pole X Yes ___ No

NEC Power
Electrical Contractor's Company Name

919-812-6624
Telephone

7309 Liscia Woods Ln Fuquay Varina
Address

MNicleus@NECPower.com
Email Address

28370U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC New SFH

JC'S Heating & Air
Mechanical Contractor's Company Name

919-552-3053
Telephone

1539 Wade Stephenson, Holly Springs NC
Address

JCSHVAC@gmail.com
Email Address

H3-12655
License #

Plumbing Contractor Information

Description of Work Plumb New SFH # Baths 2

All-max Plumbing
Plumbing Contractor's Company Name

919-678-0111
Telephone

2428 Reliance Ave, Apex NC 27539
Address

vicky@All-max Plumbing.com
Email Address

29022
License #

Insulation Contractor Information

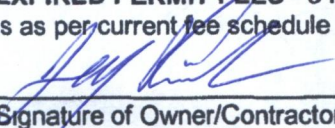
All Pro Insulation
Insulation Contractor's Company Name & Address

919-554-9004
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

11/16/2017

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

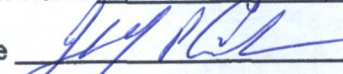
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 11/16/2017

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 580826

Filed on: 01/02/2017

Initially filed by:

bryan.thphomes@gmail.com

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh,
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

635 Cokesbury Park Ln
Fuquay Varina, NC 27526
NORTH CAROLINA County

Property Type

1-2 Family Dwelling

Date of First Furnishing

01/06/2017

Owner Information

Triangle Home Pros, LLC
6312 Lauraca Ln
Fuquay Varina, NC 27526
United States
Email: bryan.thphomes@gmail.com
Phone: 906-282-2015

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384