



Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Hillary Frei Date: 5/5/2021
Site Address: 261 Hobby Rd Phone: 919 346 1528
Subdivision: _____ Lot: 5
Description of Proposed Work: Build Pool House

General Contractor Information

Triangle Home Pros 919 346 1528
Building Contractor's Company Name Telephone
6312 Lauraca Ln Fuquay Varina, NC THPHOMES@GMAIL.COM
Address Email Address
77019

License # _____

Electrical Contractor Information

Description of Work Wire New Home Service Size: 200 Amps T-Pole: Yes No
NEC Power 919 608 3826
Electrical Contractor's Company Name Telephone
117 Wild Blossom Dr, Apex, NC MVICLAUS@NECPower.com
Address Email Address
28370U

License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC New Home
JC's Heating & Air 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Holly Springs, NC JOSHVAC@GMAIL.COM
Address Email Address
HY312655

License # _____

Plumbing Contractor Information

Description of Work Plumb New Home # Baths _____
All-Max Plumbing 919 678 0111
Plumbing Contractor's Company Name Telephone
2428 Reliance Ave, Apex NC VICKY@All-MaxPlumbing.com
Address Email Address
29022

License # _____

Insulation Contractor Information

Stephens Building Products 919 937 8479
Insulation Contractor's Company Name & Address Telephone
1200 Corporation Parkway, Raleigh, NC

***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 **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.

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

5/5/2021
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.

Sign w/Title: Brian Collier Operations Manager Date: 5/5/2021