

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Taylor Morrison of the Carolinas Date: 12/31/24  
Site Address: 36 Hank Way Angier, NC 27501 Phone: 919-355-0834  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Camden Place Lot: \_\_\_\_\_

Description of Proposed Work: New Construction of Wood Frame Amenity Bldg Pool House

Heated SF 748 Unheated SF 673  
**General Contractor Information:** Building Cost \$ 1,100,000

Inland Construction Co of North Carolina 919-422-5690  
Building Contractor's Company Name Telephone

3709 Auburn Church Road Garner, NC 27529 mike@inlandconstructionco.com  
Address Email Address

[Signature] 75625  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 90,000  
Description of Work Electrical Service Size: 2000 Amps #T-Poles

Ench Brueckmann Electrical Contracting 919-567-1425  
Electrical Contractor's Company Name Telephone

225 Covenant Rock Lane Holly Springs, NC 27540 ench@ebecelectric.com  
Address Email Address

[Signature] U-28051  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ 25,000

Description of Work HVAC Fans # Units 1

Sampson Services LLC 919-977-7712  
Mechanical Contractor's Company Name Telephone

179 Donmar Court Garner, NC 27529 jay@gmservicehvac.com  
Address Email Address

[Signature] L-28557  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 65,000

Description of Work Plumbing # Baths 2

Str8pipe Plumbing 252-236-5352  
Plumbing Contractor's Company Name Telephone

7024 Great Swamp Loop Lucama, NC 27851 str8pipeplumbing@yahoo.com  
Address Email Address

[Signature] L-29387  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

The Team Builders 7204 Becky Circle Raleigh, NC 27615 919-665-8669  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Fire Alarm Contractor Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? \_\_\_\_ Yes  No

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 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 charged at full price per current fee schedule.

\_\_\_\_\_  
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.

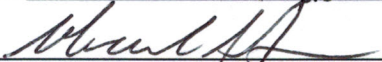
\_\_\_\_ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

\_\_\_\_ 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: Inland Construction Co of North Carolina

Sign w/Title:  President Date: 12/31/24