

*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 PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Application for Bananing and Trac	
Owner's Name: DAVIDSON HOMES, LLC	Date: 03/07/23
Site Address: 29 SINGLE BARREL COURT	Phone: 984-217-8561
Description of Proposed Work: Community Sales Office in the gara	ge of a model home
General Contractor Information: Building Cos	
DAVIDSON HOMES, LLC	984-217-8561
Building Contractor's Company Name	Telephone
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824	CHowell@davidsonhomesllc.com
Address Brad Nelson Raleigh Division President Davidson Homes, LLC	Email Address 80381
Signature of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical Co Description of Work <u>WIRING OF OFFICES</u> Service Size: 20	
TOOL TIME ELECTRIC COMPANY, INC.	919-215-9245
Electrical Contractor's Company Name	Telephone
PO BOX 1347 APEX, NC 27502	brandon@tooltimeelectric.com
Address 222	Email Address
Brandon Orff Owner Tool Time Electric	1.31034
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanica	License # al Cost \$ 3,000.00
Description of Work INSTALL MINI SPLIT HVAC SYSTEM	# Units_1
CAROLINA AIR CONDITIONING COMPANY, INC.	919-683-2421
Mechanical Contractor's Company Name	Telephone
360 SPECTRUM DR. STE 110 KNIGHTDALE, NC 27545	GGP@CAROLINAAC.COM
Address Garrett Page	Email Address
Garrett Page Vice President Carolina Air Cond. Co.	L.22084 (CLASS 1)
Signature of Owner/Contractor/Officer(s) of Corporation <u>Plumbing Contractor Information:</u> Plumbing Contractor Information:	License # st \$ 2,000.00
Description of Work INSTALL ADA SINK AND TOILET	# Baths_1
ALL-MAX PLUMBING	919-678-0111
Plumbing Contractor's Company Name	Telephone
2428 RELIANCE AVENUE APEX, NC 27593	vicky@all-maxplumbing.com
Address	Email Address
Owner All Max Plumbing	L.29022 (CLASS 1)
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informat	tion
TATUM NSULATION, INC.	910-862-5958
Insulation Contractor's Company Name & Address	Telephone

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



Sprinkler Contractor Information		
NA		
Sprinkler Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation License # Fire Alarm Contractor Information		
NA NA	<u> </u>	
Fire Alarm Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?YesNo		
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 <u>any</u> 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. Brad Nelson		
Raleigh Division President	03/07/2023	
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.		
Sign w/Title: DAVIDSON HOMES RALEIGH DIVISION	PRESIDENT Date: 03/07/2023	