

*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: Greenfield Communities Date: 12/9/20

Site Address: 11 Serene Xing, Fuquay Varina NC Phone: 919-369-1662

Directions to job site from Lillington: _____
401 North. Left on Piney Grove Rawls Rd., Left on Serenity Walk Pkw.,
Site one Right

Subdivision: Serenity Lot: _____

Description of Proposed Work: Electrical Meter Base w/ quad outlet, Irrigation system backflow

Heated SF N/A Unheated SF _____
General Contractor Information: Building Cost \$ 3,000.00

Seneca Landscapes Inc. 919-369-1662

Building Contractor's Company Name Telephone

310 Bert Winston Rd. Youngsville, NC 27596 andrew@senecalandscapes.com

Address Email Address

Andrew VanVlack 88193

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

Electrical Contractor Information: Electrical Cost \$ \$2000.00

Description of Work Electrical Meter Base w/ quad outlet Service Size: _____ Amps #T-Poles _____

Jansen's Electrical Service, Inc. 919-915-3047

Electrical Contractor's Company Name Telephone

2559 US Hwy 15, Creedmoor NC 27522

Address Email Address

U23596

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ 1000.00

Description of Work Irrigation System Backflow Preventer # Baths _____

Drain Magic, Inc. 919-369-5583

Plumbing Contractor's Company Name Telephone

6629 Winterton Dr., Raleigh, NC 27603

Address Email Address

P1-23989

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

Insulation Contractor Information

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.

Andrew VanVlack

12/9/20

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: Seneca Landscapes Inc.

Sign w/Title: Andrew VanVlack President

Date: 12/9/20