

09/09/11

Application #

SFD1810-0058

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 James Johnson/James Johnson Jr. Date 10-29-2018

Site Address _____ Phone 919-639-2231

Directions to job site from Lillington N on S Main and Follow NC-210, left on N Cross St, left on W Williams St, left on Cross Link Dr

Subdivision Cross Link Lot _____

Description of Proposed Work Single Family Residence # of Bedrooms _____

Heated SF 1949 Unheated SF 429 Finished Bonus Room? Crawl Space Slab

General Contractor Information

True Homes LLC 919-639-2231
Building Contractor s Company Name Telephone
2649 Brekonridge Centre Dr Monroe NC 28110 ajones@truehomesusa.com
Address Email Address
67353
License # _____

Electrical Contractor Information

Description of Work _____ Service Size 40 Amps T-Pole Yes No
Tool Time Electric 919-481-9100
Electrical Contractor s Company Name Telephone
2420 Reliance Ave, Suite 200, Apex ,NC, 27502 brandon@tooltimeelectric.com
Address Email Address
31034
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Airtron Inc 704-333-5667
Mechanical Contractor s Company Name Telephone
7306 Vanclaybon Dr, Apex, NC, 27523 herbert.hutchins@directenergy.com
Address Email Address
32759
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
All Max Plumbing 919-678-0111
Plumbing Contractor s Company Name Telephone
2428 Reliance Ave, Apex, NC, 27539 uwe@all-maxplumbing.com
Address Email Address
29022
License # _____

Insulation Contractor Information

B Organized 919-615-3175
Insulation Contractor s Company Name & Address 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

Ashley Jones

10-29-2018

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 True Homes LLC

Sign w/Title Ashley Jones / Permit Coordinator Date 10-29-2018