

Application # SFD1813-004

* 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.

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

Application for Residential Building and Trades Permit

Owner's Name: Watermark Homes, Inc.	Date: 06-202019
Site Address: 137 Treasure Drive, Lillington NC	Phone:
Subdivision: South Creek	Lot: 13
Description of Proposed Work: Single Family	
General Contractor Informat	ion
Watermark Homes, Inc.	910-483-2229
Building Contractor's Company Name	Telephone
1308 Ft. Bragg Road, Suite 201 Fayetteville, NC 28305	megan@watermarkhomes.com
Address	Email Address
49261BLD-U	
License #	
Electrical Contractor Informa	tion
Description of Work Electrical Service Service Size Tool Time Services Inc.	e:Amps T-Pole:YesNo
	Talanka a
Electrical Contractor's Company Name PO Box 2207, Garner NC 27629	Telephone
	tooltimeservice@gmail.com
Address	Email Address
18644 27554 License #	
Mechanical/HVAC Contractor Info	ermation
Description of Work HVAC Heating and Air System	
Stephenson Heating and Air, Inc.	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Drive, Garner NC 27520	Stephensonhvac@aol.com
Address	Email Address
28541	Elliali Address
License #	
Plumbing Contractor Informa	tion
Description of Work Plumbing	# Baths 2.5
Celey's Quality Services, Inc.	919-938-1813
Plumbing Contractor's Company Name	Telephone
636-6B Old Roberts Road, Benson NC	tara@celeys.com
Address	Email Address
L32853	
License #	
Insulation Contractor Information	
Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 2831	910-484-7118
Insulation Contractor's Company Name & Address	Telephone

*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.

	06/20/2019	
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 Office	er/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:		