

09/09/11

Application #

SFD1902-0001

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 2/4/2019

Site Address 63 PAIGE STONE WAY, Black River, NC, 27501 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 61

Description of Proposed Work Single Family Residence # of Bedrooms 3

Heated SF 1486 Unheated SF 433 Finished Bonus Room? Crawl Space Slab

General Contractor Information

True Homes LLC
Building Contractor s Company Name
2649 Brekonridge Centre Dr Monroe NC 28110
Address
67353
License #

919-639-2231
Telephone
ajones@truehomesusa.com
Email Address

Electrical Contractor Information

Description of Work
Tool Time Electric
Electrical Contractor s Company Name
2420 Reliance Ave, Suite 200, Apex ,NC, 27502
Address
31034
License #

Service Size 40 Amps T-Pole Yes No
919-481-9100
Telephone
brandon@tooltimeelectric.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work
T.A. Kaiser Heating and Air Inc
Mechanical Contractor s Company Name
1038 Culp Rd Suite 300 Pineville NC 28134
Address
20021
License #

704-370-2868
Telephone
justin.novy@takaiser.com
Email Address

Plumbing Contractor Information

Description of Work
All Max Plumbing
Plumbing Contractor s Company Name
2428 Reliance Ave, Apex, NC, 27539
Address
29022
License #

# Baths
919-678-0111
Telephone
uwe@all-maxplumbing.com
Email Address

Insulation Contractor Information

B Organized
Insulation Contractor s Company Name & Address

919-615-3175
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

2/4/2019

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     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 2/4/2019