

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: KARLIAN HOMES, INC. Date: 05/13/19
Site Address: 272 MARLEWOOD DR SANFORD, NC, 27332 Phone: 919-368-5405
Subdivision: CAROLINA LAKES Lot: 507
Description of Proposed Work: NEW RESIDENTIAL SINGLE FAMILY HOUSE

General Contractor Information

KARLIAN HOMES, INC. 919-368-5405
Building Contractor's Company Name Telephone
275-92
3128 GOLD DUST LN WILLOW SPRING, NC ttinfo@gmail.com
Address Email Address
80034
License #

Electrical Contractor Information

Description of Work ALL ELECTRICAL Service Size: 200 Amps T-Pole: Yes No
WESTER + PAGE ELECTRIC, INC., WILLIAM WESTER 919-499-3946
Electrical Contractor's Company Name Telephone
546 LESLIE RD SANFORD, NC 27332
Address Email Address
12007-U
License #

Mechanical/HVAC Contractor Information

Description of Work ALL HVAC
CERTIFIED HEATING AND AIR CONDITIONING 910-858-0000
Mechanical Contractor's Company Name Telephone
207 DAVID PARCELL ST, PARKTON, NC 28371
Address Email Address
20012 HJC1
License #

Plumbing Contractor Information

Description of Work ALL PLUMBING + WATER + SEWER LINES # Baths 3
L.R. GLOVER PLUMBING, INC 919-820-0026
Plumbing Contractor's Company Name Telephone
PO BOX 764 BENSON, NC 27504
Address Email Address
7958
License #

Insulation Contractor Information

TRI-CITY INSULATION + BUILDING PRODUCTS 910-486-8855
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.

BY: [Signature] PRES.
Signature of Owner/Contractor/Officer(s) of Corporation

05/13/19
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: BY: [Signature], PRESIDENT

Date: 05/13/19