



Application # SFD-1908-0021

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: Triangle Home Pros LLC Date: 9/12/2019
Site Address: 765 Rollins Mill Rd, Holly Springs NC 27540 Phone: 919-346-1528
Subdivision: NA Lot: 2B
Description of Proposed Work: Build Single Family Home

General Contractor Information

Triangle Home Pros LLC 919-346-1528
Building Contractor's Company Name Telephone
6312 Lauraca Ln, Fuquay Varina NC 27526 thphomes@gmail.com
Address Email Address
77019
License #

Electrical Contractor Information

Description of Work Wire new SFH Service Size: 200 Amps T-Pole: Yes No
Dawsons Electric Inc 919-552-0246
Electrical Contractor's Company Name Telephone
609 Cotton Rd, Fuquay Varina NC 27526 travis@dawsonselectric.com
Address Email Address
25948-l
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC New SFH
JC's Heating and Air 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson, Holly Springs NC 27540 jcshvac@gmail.com
Address Email Address
HY312655
License #

Plumbing Contractor Information

Description of Work Plumb New SFH # Baths 3
All-Max Plumbing 919-678-0111
Plumbing Contractor's Company Name Telephone
2428 Reliance Ave, Apex NC 27539 vicky@all-maxplumbing.com
Address Email Address
29022
License #

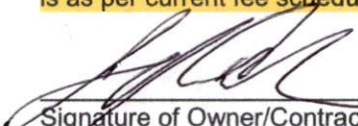
Insulation Contractor Information

Stephens Building Products 1200 Corporation PKWY, Raleigh 919-937-8479
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.



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

9/12/2019

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:  _____

Date: 9/12/2019