Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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 True Homes LLC	Date 12/27/2019
Site Address 25 Norris Farm Drive, Angier, NC, 27501	Phone 704-238-1229
Directions to job site from Lillington NC-210 HWY left onto James Norris Rd right onto Norris Farm Dr	
Subdivision Norris Farm	Lot 1
Description of Proposed Work Single Family Residence	# of Bedrooms 3
Heated SF 1626 Unheated SF 454 Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
True Homes LLC	704-238-1229
Building Contractor's Company Name	Telephone
2649 Brekonridge Centre Dr Monroe NC 28110	ajones@truehomesusa.com
Address	Email Address
67353	
License #	
Description of Work Electrical Contractor Information 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	
T.A. Kaiser Heating and Air Inc	704-370-2868
Mechanical Contractor's Company Name	Telephone
1038 Culp Rd Suite 300 Pineville NC 28134	justin.novy@takaiser.com
Address	Email Address
20021	
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

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
Signature of Owner/Contractor/Officer(s) of Corporation 12/27/2019 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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 12/27/2019