



Application # SFD 2001-0047

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: 2/18/2020  
Site Address: 312 Hobby R.d Phone: 919-346-1528  
Subdivision: Paula E Stephenson, Robert Charles Smith Lot: #1  
Description of Proposed Work: New single family Home Total Job Cost: 400K

**General Contractor Information**

Triangle Home Pros LLC 919-346-1528  
Building Contractor's Company Name Telephone  
6312 Laurens Ln Fugay Varing THPHomes@gmail.com  
Address Email Address  
77019

**Electrical Contractor Information**

Description of Work Wire New SFH Service Size: 20 Amps T-Pole: X Yes     No  
Dawson S Electric Inc 919-552-0246  
Electrical Contractor's Company Name Telephone  
609 Cotton R.d Fugay Varing NC Travis@dawsonselectric.com  
Address Email Address  
25948-1

**Mechanical/HVAC Contractor Information**

Description of Work HVAC New SFH  
JC'S Heating & Air 919-552-3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephenson, Holly Springs JCSHVAC@gmail.com  
Address Email Address  
HY312655

**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

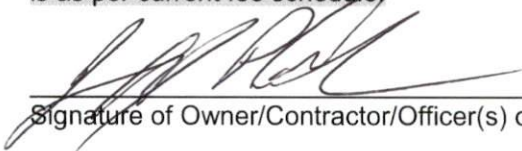
**Insulation Contractor Information**

Stephens Building Products 1200 Corporation 919-937-8479  
Insulation Contractor's Company Name & Address Telephone  
Arbony, Raleigh

**\*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

2/18/2020  
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:

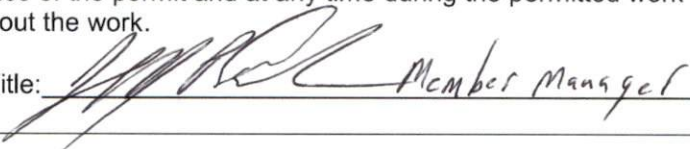
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  Member Manager    Date: 2/18/2020