



Application # _____

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: RONNIE LEE CARROLL Date: 5/29/20
Site Address: 216 BAY STREET, FUQUAY VARINA, NC Phone: 919-524-6049
Subdivision: CAPTAIN'S LANDING 27526 Lot: 14
Description of Proposed Work: REBUILD DAMAGED HOME Total Job Cost: \$99,459.73

General Contractor Information

LEGACY CUSTOM HOMES 919-781-3800
Building Contractor's Company Name Telephone
3304 SIX FORKS ROAD SUITE 100 DONALD@LEGACYCUSTOMHOMES
Address RALEIGH, NC 27562 Email Address .COM
55229
License #

Electrical Contractor Information

Description of Work ROUGH-IN/TRIM OUT Service Size: 200 Amps T-Pole: X Yes ___ No
CARY ELECTRIC INC. 919-669-1953
Electrical Contractor's Company Name Telephone
P.O. BOX 873 CARY NC 27512 CARYELECTRIC@GMAIL.COM
Address Email Address
10353-L
License #

Mechanical/HVAC Contractor Information

Description of Work ROUGH-IN/TRIMOUT EQUIPMENT
CAROLINA COMFORT AIR INC. 919-243-0487
Mechanical Contractor's Company Name Telephone
5212 US HWY TO BUSINESS WEST SANDY@CAROLINA COMFORT AIR
Address CLAYTON, NC 27520 Email Address .COM
20515
License #

Plumbing Contractor Information

Description of Work ROUGH-IN/TRIMOUT # Baths 1 1/2 BATH
AMERICAN PLUMBING 919-772-1346 EXT. 13
Plumbing Contractor's Company Name Telephone
3716 ALBURN CHURCH ROAD, GARNER VALERIA@AMERICAN PLUMBING
Address NC 27529 Email Address NC.COM
13228
License #

Insulation Contractor Information

STEPHENS BUILDING PRODUCT 919-630-8365
Insulation Contractor's Company Name & Address Telephone
1200 CORPORATION PARKWAY SUITE 121, RALEIGH NC 27610

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

5/29/20
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: [Signature] **CONSTRUCTION MANAGER** Date: 5/29/20

Details: Notice to Lien Agent

Entry #: 1248237 | Linked to: #1248236

Filed on: 05/29/2020
Initially filed by: legacy
Status:
Active -
Expires on 05/29/2025

Parent Filings Information

Linked to Appointment of Lien Agent with ID: 1248236

Potential Lien Claimant Information

Legacy Custom Homes, Inc.
3304 Six Forks Rd., Suite 100
Raleigh, NC 27609 United States

Phone: 919-781-3800

Fax:

Email: lynne@legacycustomhomes.com

Contracted Through

Ronnie and Joyce Carroll

Project Property

Carroll Residence
216 Bay St.
Fuquay Varina, NC 27526
Harnett County

Attention:

I hereby give notice of my right subsequently to pursue a claim of lien for improvements to the real property described in this notice.

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