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 6/5/2020
Site Address 111 Norris Farm Drive, Angier, NC, 27501	Phone	
Directions to job site from Lillington NC-210 HWY left onto James Norm		
Directions to job site from Lillington	o re right onto re	
Subdivision Norris Farm	Lot 5	
Description of Proposed Work Single Family Residence	# of Bedrooms 3	
Heated SF 1370 Unheated SF 450 Finished Bonus Room?	Crawl Spa	ce Slab 🗸
General Contractor Information	<u>n</u>	
True Homes LLC	704-238-1229	)
Building Contractor's Company Name	Telephone	
2649 Brekonridge Centre Dr Monroe NC 28110		homesusa.com
Address	Email Address	
67353		
License #	_	
Description of Work Service Size	<u>on</u> 40 <b>A</b> mns T-1	Pole <b></b> ✓Yes No
Tool Time Electric	919-481-9100	0.0
Electrical Contractor's Company Name	Telephone	
2420 Reliance Ave, Suite 200, Apex ,NC, 27502		ltimeelectric.com
Address	Email Address	tamoolooti lo.com
31034		
License #		
Mechanical/HVAC Contractor Inform	nation	
Description of Work		_
Airtron	704-333-56	67
Mechanical Contractor's Company Name	Telephone	
10616 Granite St. Unit L, Charlotte NC 28273	kelly.byrd@d	irectenergy.com
Address	Email Address	
32416		
License #		
Plumbing Contractor Information		
Description of Work	# Baths_2	
All Max Plumbing	919-678-011	1
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	919-615-317	5
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 6/5/2020 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 ✓ Las 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 Iones

Permit Coordinator Date 6/5/2020