



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: Triumph Capital Group LLC Date: 9/4/20
Site Address: 50 Joel Way Lillington NC 27546 Phone: _____
Subdivision: Finley's Crossing Lot: 2
Description of Proposed Work: New Const. SFD Total Job Cost: \$230,000

General Contractor Information

Signature Home Builders 910-892-9299
Building Contractor's Company Name Telephone
1209 N. Main St Lillington NC 27546 osherrrod.shb@gmail.com
Address Email Address
49431
License #

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: Yes No
Opilvee Enterprises, Inc. 919-337-7633
Electrical Contractor's Company Name Telephone
5325 Hidwell Place Apex NC 27 _____
Address Email Address
17046-U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Central Air 919-963-0001
Mechanical Contractor's Company Name Telephone
PO BOX 175 Four Oaks NC _____
Address Email Address
28699
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
L.R. Glover Plumbing 919-820-0026
Plumbing Contractor's Company Name Telephone
PO BOX 764 Benson NC 27504 _____
Address Email Address
7958
License #

Insulation Contractor Information

Cumberland Insulation 910-484-7118
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]
Signature of Owner/Contractor/Officer(s) of Corporation

9/4/20
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: *Christopher D. Smith* Project Manager Date: 9/4/20