

Application #

Harnett County Central Permitting

* Each section below to be filled out by whomever performing work.
Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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: A&G Residential, LLC	Date: 1/4/2021	
Site Address: 101 Linda Lou Lane Angier, NC 27501	Phone: 910-237-7944	
Subdivision: Mitchell Manor	 Lot: 023	
Description of Proposed Work: New Single Family Construction		
General Contractor Information		
A&G Residential, LLC	<u>-</u> 910-237-7944	
Building Contractor's Company Name	Telephone	
916 Arsenal Ave Ste. B Fayetteville, NC 28305		
Address	Email Address	
80672 HEATED SQ FT 2300 GARAGE S0	Q FT 401	
License #	-	
Description of Work Single Family Electric Service Size:		
Ogilvie Enterprises, Inc	919-337-7633	
Electrical Contractor's Company Name	Telephone	
5325 Hidwell Place Apex, NC 27539	ogilvieelectric1994@gmail.com	
Address	Email Address	
<u>17046-U</u>		
License #	action	
Mechanical/HVAC Contractor Inform	<u>lation</u>	
Description of Work Single Family HVAC		
Carolina comfort Air, Inc. Mechanical Contractor's Company Name	910-891-1239 Telephone	
703 N. Clinton Ave. Dunn, NC 28334	•	
Address	<u>Carolinacomfortair@yahoo.com</u> Email Address	
29077 H3-1		
License #		
Plumbing Contractor Information	<u>on</u>	
Description of Work Single Family Plumbing	_# Baths_ 2.5	
Titan's Plumbing, LLC	919-615-1947	
Plumbing Contractor's Company Name	Telephone	
1634 Brook Fern Way Raleigh, NC 27609	business@titansplumbing.com	
Address	Email Address	
34800 License #		
License # Insulation Contractor Information	on	
Tricity Insulation Inc. 334 E Mountain Dr. Fayetteville NC 28306	910-486-8855	
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.

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Signature of Owner/Contractor	NN Wagner NOfficer(s) of Corporation	1/4/2021 Date	
Affida The undersigned applicant bei	vit for Worker's Comp	ensation N.C.G.S. 8	7-14
General Contractor	Owner X	Officer/Agent of the Contr	actor or Owner
Do hereby confirm under pena set forth in the permit:	lties of perjury that the pers	on(s), firm(s) or corporation	on(s) performing the work
X Has three (3) or more e	mployees and has obtained	l workers' compensation i	nsurance to cover them.
Has one (1) or more su them.	bcontractors(s) and has obt	ained workers' compensa	tion insurance to cover
X Has one (1) or more su covering themselves.	bcontractors(s) who has the	eir own policy of workers' o	compensation insurance
Has no more than two (2) employees and no subco	ontractors.	
While working on the project for Department issuing the permit to issuance of the permit and a carrying out the work.	may require certificates of	coverage of worker's com	pensation insurance prior
Sign w/Title	John Waana	D <i>γ</i> Γ)ate: 1/4/2021