

09/09/11

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.

Application for Residential Building and Trades Permit

Owner s Name True Homes LLC Date 8/9/2021
Site Address WALKER GROVE LANE, Lillington, NC, 27546 Phone 704-929-8460
Directions to job site from Lillington _____
Take left on NC 210 and then right onto mathews road, arlie meadows on the right

Subdivision Walkers Grove Lot 3
Description of Proposed Work Single Family Residence # of Bedrooms 3
Heated SF 3137 Unheated SF 756 Finished Bonus Room? Crawl Space Slab

General Contractor Information

True Homes LLC
Building Contractor s Company Name
2649 Brekonridge Centre Dr Monroe NC 28110
Address
67353
License # _____

704-929-8460
Telephone
mparamiter@truehomesusa.com
Email Address

Electrical Contractor Information

Description of Work _____ Service Size 40 Amps T-Pole Yes No
Tool Time Electric
Electrical Contractor s Company Name
2420 Reliance Ave, Suite 200, Apex ,NC, 27502
Address
31034
License # _____

919-481-9100
Telephone
brandon@tooltimeelectric.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work _____
Airtron
Mechanical Contractor s Company Name
10616 Granite St. Unit L, Charlotte NC 28273
Address
32416
License # _____

704-333-5667
Telephone
kelly.byrd@directenergy.com
Email Address

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
All Max Plumbing
Plumbing Contractor s Company Name
2428 Reliance Ave, Apex, NC, 27539
Address
29022
License # _____

919-678-0111
Telephone
uwe@all-maxplumbing.com
Email Address

Insulation Contractor Information

B Organized
Insulation Contractor s Company Name & Address

919-615-3175
Telephone

*NOTE General Contractor 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

Megan A. Parmiter
Signature of Owner/Contractor/Officer(s) of Corporation

8/9/2021
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

Company or Name True Homes LLC

Sign w/Title Megan A. Parmiter / Permit Coordinator Date 8/9/2021