



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: Watermark Homes, Inc. Date: 08/13/2021

Site Address: Indigo Street, Lillington, NC 27546 Phone: _____

Subdivision: South Creek Lot: 61

Description of Proposed Work: Single Family

General Contractor Information

Watermark Homes, Inc. 919-938-8194

Building Contractor's Company Name Telephone

196 Annette Drive, Benson, NC 27504 kristina@watermarkhomes.com

Address Email Address

49261BLD-U HEATED SQ FT: 2751 GARAGE SQ FT: 556

License # _____

Electrical Contractor Information

Description of Work Electrical Service Service Size: _____ Amps T-Pole: Yes No

Tool Time Services, Inc. 919-977-1408

Electrical Contractor's Company Name Telephone

PO Box 2207 Garner, NC 27529 tooltimeservices@gmail.com

Address Email Address

27554-I

License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC Heating and Air System

Stephenson Heating and Air, Inc. 919-329-0686

Mechanical Contractor's Company Name Telephone

343 Shipwash Drive, Garner NC 27520 stephensonhvac@aol.com

Address Email Address

28541

License # _____

Plumbing Contractor Information

Description of Work Plumbing # Baths 3.5

Celey's Quality Services, Inc. 919-938-1813

Plumbing Contractor's Company Name Telephone

636-6B Old Roberts Road, Benson NC 27504 tara@celeys.com

Address Email Address

32853

License # _____

Insulation Contractor Information

Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 2831 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.



08/13/2021

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

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:



Date: 08/13/2021