

Application # _____

Harnett County Central Permitting

* 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. 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: Watermark Homes, Inc. | | | | Date: 08/13/2021 | |
|--|-------------------------|----------------------|--|------------------|--|
| Site Address: 312 Oakhaven Drive, Holly Springs, NC 27540 | | | Phone: | | |
| Subdivision: Oak Haven | | | | | |
| Description of Propo | sed Work: Single Family | | | | |
| | | tractor 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: 2146 | GARAGE SQ FT: | 851 | | |
| License # | | | | | |
| Description of More | | ntractor Information | <u>l</u> | ola: D vaa D Na | |
| Description of Work | | Service Size: _ | | ole: 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 | | |
| 27554-1 | | | | | |
| License # | Mechanical/HVAC | Contractor Inform | ation | | |
| Description of Morle | | | | | |
| Description of Work HVAC Heating and Air System Stephenson Heating and Air, Inc. | | | 919-329-0686 | | |
| | | | Several Service Servic | | |
| Mechanical Contractor's Company Name | | | Telephone | | |
| 343 Shipwash Drive, Garner NC 27520 | | | stephensonhvac@aol.com | | |
| Address 28541 | | | Email Address | | |
| License # | | | | | |
| License # | Plumbing Co. | ntractor Information | 1 | | |
| Description of Work | | | _# Baths2 | | |
| Description of Work Plumbing Celey's Quality Services, Inc. | | | # Baths 919-938-1813 | | |
| Plumbing Contractor's Company Name | | | Telephone | | |
| 636-6B Old Roberts Road, Benson NC 27504 | | | tara@celeys.com | | |
| Address | | | Email Address | | |
| 32853 | | | Email / ladi coo | | |
| License # | | | | | |
| | Insulation Co | ntractor Information | <u>1</u> | | |
| 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: | | | | |
| | | | | |