

Application # 5 F 0 2/08 -0/00

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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	Owner's Name:	oshua Berker	Date: // 11/ 2022	
	Site Address: 143	5 Stone Mason DR	Phone:	
	Subdivision: Lot	2 Keith M Brown	Lot:2	
	Description of Propose	ed Work: New 5 F H	Total Job Cost: _# 275,000	
	General Contractor Information			
	Triangle	Home Pros LLC	919-346-1528	
	Building Contractor's (Company Name	Telephone /	
	6312 Laul	raca LN	THP Homes & Gmail. Com	
	Address		Email Address	
	770/9 License #	HEATED SQ FT /888 GARAGES	SQ FT 1206	
	Description of Work New 5FH Electrical Contractor Information Description of Work New 5FH Electric Service Size: 200 Amps T-Pole: YesNo			
	NEC Po	wet	919-608-3826	
	Electrical Contractor's		Telephone	
	Address	10550m DF, Hpex NC	MNiclaus@NEC Power, Com	
	28370U	,	Email Address	
	License #			
	Mechanical/HVAC Contractor Information			
	Description of Work	HVAC New SFH		
	JC'S Heat	ing & Air	9/9-552-3053	
	Mechanical Contracto		JCSHVac & Coms/. com	
	1539 Wade	Stephenson, Holly springs	JCSHVac & Umal. Com	
	Address 4/3/2655		Email Address	
	License #	_		
	Plumbing Contractor Information			
	Description of Work _	Plumb New SFH	# Baths	
	All-Max	Plumbing	919-678-0111	
	Plumbing Contractor's	s Company Name	Telephone Vicky@ All-Max Plumbing . Co	
		iance Ave, Aprx NC	Email Address	
	Address		Email Address	
	29022 License #			
	1 1	1 Insulation Contractor Information	tion O 2 7 Street	
	Stephens	Suilding Products	919-937-8479	
	Insulation Contractor	s Company Name & Address	Telephone	
	1700 Colbox	Insulation Contractor Information Society Products Scompany Name & Address.		
	*NOTE: Genera	al Contractor / owner must fill out and sign the	e 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 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			
Sign w/Title: Date: //1/2022			
oign within.			