



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier 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 08/25/2021

Site Address: 543 Joseph Alexander Dr, Fuquay-Varina, NC 27526 Phone _____

Subdivision: Ballard Woods Lot 161

Description of Proposed Work: Single Family Total Job Cost \$179,790

General Contractor Information

Watermark Homes, Inc.

919-938-8194

Building Contractor's Company Name

Telephone

196 Annette Drive, Benson, NC 27504

kristina@watermarkhomesnc.com

Address

Email Address

49261BLD-U

HEATED SQ FT 2081 **GARAGE SQ FT 626**

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

13714

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

18644

License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2

Celey's Quality Services, Inc

919-938-1813

Plumbing Contractor's Company Name

Telephone

636-6B Old Roberts Rd., Benson, NC 27504

tara@celeys.com

Address

Email Address

32853

License #

Insulation Contractor Information

Cumberland Insulation- 4205 Clinton Rd, Fayetteville, NC 28312 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.



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

08/25/2021

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.

Sign w/Title:  _____ Date: 08/23/2021