

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** 

tion on license.	1 1
Owner's Name: 75 Ple A Homes, Inc Site Address: 96 Blue Monorch Ln	
Site Address: 196 Blue Monerch Ln	Phone: 984-225-0699
Subdivision: Prince Place	Lot: 3 18
Description of Proposed Work: Construct New Smyle Fam:	V Total Joh Cost: 350 COG
General Contractor Information	
I riple A Homes Tic	
Building Contractor's Company Name	919 - 800 - 9951 Telephone
P.O. Box 1117, Holly Springs, NC 275. Address	40 Losas @triple a more soro
	Email Address
76983 License #	
Description of Work Twn Key Electrical Contractor Information  Service Size: 206 Amps T-Pole: YesNo	
Description of Work Twn Key Electrical Serv. Service Size	e: <u>206_</u> Amps_T-Pole: Yes No
ERCTRIC	919-363-7474
Electrical Contractor's Company Name	Telephone
P.O. Box 162, Apex, UL 27502 Address	office @imperial-electronic.com Email Address
19850-2	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work Two key HVAC Services	
Maynor HVAC	Telephone  Moll: Omaynorhvac-com  Email Address
Mechanical Contractor's Company Name	Telephone
1094 Classic Bd Apex NC 27539 Address	holli @maynorhvac-com
12309	Email Address
License #	
Plumbing Contractor Information	
Description of Work Two key Plumbing Service	#Baths 3-4 919-365-6944
Carnells Plumbing Inc	919-365-6944
Plumbing Contractor's Company Name	i elepnone
Coll Massie Way, Zebulon, NC 27591 Address	abcarnellplbg@bellsouth. net
11755	Email Address
License #	
Insulation Contractor Information	
75: - City Insulation	919-790-9684
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

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: Project Manager Date: 9/8/2021	