

Application # \_\_\_\_\_

\* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

& phone must match ation on license.	Application for Residential Building and	Trades Permit
Owner's Name:	Triple A Homes, Inc	$0/\nu/m$ .
Site Address:	8 Paris Place De	Date: 9/8/2021 Phone: 984-225-0699
Site Address: 218 Prince Place Dr. Phone: 984-225-0699		
Subdivision:		Lot: 3 62
Description of Proposed Work: Construct New Single Family Total Job Cost: 350,000		
General Contractor Information		
Triple A	Homes, Inc	919-800-9951
building Contractor's Co	ompany Name	Telephone
Y.O. ISOX \	117, Holly Springs, NC 2754	10 Logan Otriplea homes orp
76983		Email Address
License #	-	
Description of Work Twn Key Electrical Contractor Information  Description of Work Twn Key Electrical Serv. Service Size: 606 Amps T-Pole: Yes No		
Description of Work /v	on Key Electrical Serv. Service Size	: <u>306</u> Amps T-Pole: XYes No
Imposal E	lectore	919-363-7474
Electrical Contractor's Company Name		Telephone
P.O. Box 162, Aprx, UC 27502 Address		office @imperial-electrisac.com
19850-L		Email Addréss
License #	-	
Mechanical/HVAC Contractor Information		
Description of Work Two key HVAC Services		
Mayner Mechanical Contractor's	HVAC	919-361-0993 Telephone Holli Omaynorhvac com Email Address
Mechanical Contractor's	Company Name	Telephone
1094 Classic	Bd Apex NC 27539	holli@maynerhvac.com
Address		Email Address
<u>) 2309</u> License #	-	
Plumbing Contractor Information		
Description of Work	workey Plumbing Service	# Boths 3-4
Carnells Pl	unhine Ties	910-365-6014
Plumbing Contractor's C	ompany Name	#Baths 3-4 919-365-6944 Telephone abcarnell plbg Obellsouth. net Email Address
	Way, Zebulon, NC 27591	about all allow the local . I
Address	7	Email Address
11755		

ion Contractor's Company Name & Address

Insulation Contractor Information

G19-790-9684

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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any changes">any changes</a> 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

A COLL IV. C. ALL			
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			