



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: Chamberlain Homes LLC \_\_\_\_\_

Date 11.09.2021

Site Address: 250 Fieldstone Dr, Holly Springs, NC, 27540

Phone 919.796.0953

Subdivision: Fieldstone Farms \_\_\_\_\_ Lot 3

Description of Proposed Work: New Single Family Home

Total Job Cost 548000.00

**General Contractor Information**

Chamberlain Homes LLC \_\_\_\_\_ 919.796.0953

Building Contractor's Company Name \_\_\_\_\_ Telephone  
120 A. N Salem St, APEX, NC, 27502 \_\_\_\_\_ info@chamberlainhomesnc.com  
Address \_\_\_\_\_ Email Address

81399 \_\_\_\_\_ **HEATED SQ FT** 3099 **GARAGE SQ FT** 674  
License #

**Electrical Contractor Information**

Description of Work: Rough in and trim out Service Size: 200 Amps T-Pole: x Yes No

Tool Time Electric \_\_\_\_\_ 919.481.9100

Electrical Contractor's Company Name \_\_\_\_\_ Telephone

PO Box 1347Apex, NC 27502 \_\_\_\_\_  
Address \_\_\_\_\_ brandon@tooltimeelectric.com  
\_\_\_\_\_ Email Address

31034-I \_\_\_\_\_  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Rough in and trim out \_\_\_\_\_

Maynor Heating and Air \_\_\_\_\_ 919.361.0993

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone

1094 Classic Road, Apex, NC, 27539 \_\_\_\_\_ Michele@maynorservices.com  
Address \_\_\_\_\_ Email Address

12309 \_\_\_\_\_  
License #

**Plumbing Contractor Information**

Description of Work Rough in and trim out \_\_\_\_\_ # Baths 3.5

Maynor Heating and Air \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone

1094 Classic Road, Apex, NC, 27539 \_\_\_\_\_ 919.361.0993  
Address \_\_\_\_\_ Email Address



12309  
License #

Michele@maynorservices.com

**Insulation Contractor Information**

Stephens Building Products  
Insulation Contractor's Company Name & Address

919.937.8479  
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.**

Franklin P. Barbieri  
Signature of Owner/Contractor/Officer(s) of Corporation

11 | 9 | 21  
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: Franklin P. Barbieri Date: 11 | 9 | 21