

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

: be owner/occupier or ed contractor. Address, any name & phone must information on license.	Harnett County Central Permittir 420 McKinney Pkwy Lillington, NC 2754 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harne	6	PRP 01
	Application for Residential Building and T	rades Permit	
Owner's Name: <u>DAVIDSON HOMES, LLC</u>			_Date <u>10/25/21</u>
Site Address: TBD ROYAL ELLA COURT		Phone	984-217-8561
Subdivision:PRINCE PLACE		Lot	10
Description of Propo	sed Work:NEW SINGLE FAMILY RESIDENTIA	Total Job Cost	\$223,405
	General Contractor Informatio	<u>n</u>	
DAVIDSON HOMES, LLC		256-350-1322	
Building Contractor's Company Name		Telephone	
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824		CHowell@davidsonhomesllc.com	
Address		Email Address	
80381 HEATED SQ FT 2387 GARAGE SQ		Q FT 449	
License #	Electrical Contractor Information	<b>~</b> <i>n</i>	
Description of Work	<u>NEW SINGLE FAMILY RESIDENTIAL</u> Service Size:		ole: X Yes N
		734-927-7440	
Electrical Contractor's Company Name		Telephone	
PO BOX 969 FARMINGTON, MI 48322		_michael.frittelli@idealelec.com_	
Address		Email Address	
U.27098			
License #			
	Mechanical/HVAC Contractor Infor	nation	
Description of Work	NEW SINGLE FAMILY RESIDENTIAL		-
YELLOW DOT HEATING & AIR CONDITIONING		919-754-8686	
Mechanical Contract		Telephone	
1203 N. NEW HOPE ROAD RALEIGH, NC 27610		_pkeenan@ydb	vac.com
Address		Email Address	
L.32872 License #			
License #	Plumbing Contractor Information	on	
Description of Work	NEW SINGLE FAMILY RESIDENTIAL		
ALL-MAX PLUMBING		919-678-0111	
Plumbing Contractor's Company Name		Telephone	
2428 RELIANCE AVENUE APEX, NC 27593		vicky@all-maxplumbing.com	
Address		Email Address	<u>_</u>
L.29022 (CLASS 1)			
License #			
	Insulation Contractor Informati		
TATUM INSULATION, INC.		910-862-5958	
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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

11/05/21

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
X 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.				
<u>X</u> 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: Duffer Date: 11/05/21				