

Application # _____

t be owner/occupier or 420 McKi ed contractor. Address, any name & phone must information on license.	Application # County Central Permitting PRP 011 inney Pkwy Lillington, NC 27546 Box 65 Lillington, NC 27546 Fax 910-893-2793 www.harnett.org/permits sidential Building and Trades Permit
Owner's Name: <u>DAVIDSON HOMES, LLC</u>	Date 11/05/21
	Phone <u>984-217-8561</u>
Subdivision: <u>PRINCE PLACE</u>	
	E FAMILY RESIDENTIAL Total Job Cost \$287,950
	I Contractor Information
DAVIDSON HOMES, LLC Building Contractor's Company Name	<u>256-350-1322</u> Telephone
336 JAMES RECORD ROAD HUNTSVILLE,	
Address	Email Address
80381 HEATED SQ	FT 3451 GARAGE SQ FT 396
License #	
	<u>al Contractor Information</u> <u>SIDENTIAL</u> Service Size: <u>200</u> Amps T-Pole: <u>X_</u> YesNo
IDEAL ELECTRIC	
Electrical Contractor's Company Name	734-927-7440 Telephone
	·
PO BOX 969 FARMINGTON, MI 48322 Address	<u>michael.frittelli@idealelec.com</u> Email Address
U.27098	
License #	
Mechanical/	HVAC Contractor Information
Description of Work <u>NEW SINGLE FAMILY RES</u>	
YELLOW DOT HEATING & AIR CONDITION	ING 919-754-8686
Mechanical Contractor's Company Name	Telephone
1203 N. NEW HOPE ROAD RALEIGH, NC 2	27610pkeenan@ydhvac.com
Address	Émail Address
L.32872	
License #	a Oantas stan lufa musiki n
	ng Contractor Information
Description of Work <u>NEW SINGLE FAMILY RES</u>	SIDENTIAL # Baths 3.5
ALL-MAX PLUMBING	919-678-0111
Plumbing Contractor's Company Name	Telephone
2428 RELIANCE AVENUE APEX, NC 2759	<u>3</u> vicky@all-maxplumbing.com Email Address
Address	Email Address
L.29022 (CLASS 1)	
License #	on Contractor Information
TATUM INSULATION, INC. Insulation Contractor's Company Name & Add	ress <u>910-862-5958</u>
modulion contractor s company name & Au	loophone

*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		