Building permit Applic.

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

0	wner's Name: Halcyon Horres, LLC	Date 3/2/22_
S	ite Address: 105 Prince place Drive	
	ubdivision: Prime Place	
	escription of Proposed Work: New Lows-truction	_ Total Job Cost \$ 384,506
	General Contractor Information	1
	Halcyon Hones, LLC wilding Contractor's Company Name	919-337-5245
В		Telephone
Ā	PO Box 33578 Raleigh NC 27636 a	robertson@halcyonhomesnc.com Email Address
	71295 HEATED SQ FT 2,604 GARAGE SC	
Li	cense #	
ח	escription of Work Electrical Contractor Informatio Service Size:	<u>n</u> <u>à⇔</u> Amps T-Pole: <u>✓</u> YesNo
	Tool Time Flectrical	919-215-9245
E	ectrical Contractor's Company Name	Telephone
	POBOX 1347 Aprex NC 27502	branchon a tool incelectric. co
	ddress	Email Address
-	\$\034 - T cense #	
LI	Mechanical/HVAC Contractor Inform	aation
D	escription of Work HVAC INSTALL	TANOT!
4.	Mayor Hasting & Air Copulitioning	919-897-6404
M	echanical Contractor's Company Name	Telephone
	1000 Goodworth Drive Apex NL 27539	geral lomay norservices, 6M
	ddress	Émail Address
	\$5159 cense #	
11	Plumbing Contractor Informatio	n * .
D	escription of Work <u>Plubing</u>	
	Sweetwater Phubing, LLC	919-418-4565
P	umbing Contractor's Company Name	Telephone
		on@ sweetwater plushing IIC. Lon
Α	ddress	Email Address
_ e	cense #	
L-1	Insulation Contractor Information	u <u>n</u>
5		
In	sulation Contractor's Company Name & Address Suite 121	919-630-8365 Telephone
	Raleigh DC 17610	
	*NOTE: General Contractor / owner must fill out and sign the s	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.

Si	gnature of Owner/Contractor/Officer(s) of Corporation 3/2/22 Date			
Th	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.			
th	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.			
cc	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.				
Si	ign w/Title: Missler / latertson Operation Manager Date: 3/2/22			