

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Halyon Ho	Mes, LLC	Date 12/10/2 (
		152 6 Phone 919-337-5245
Subdivision: Prince Place		2.2
Description of Proposed Work:	new Gwstruction - SF	Total Joh Cost \$288 000
	General Contractor Informatio	
Halcum Homes, LLC		919-337-5245
Halcyon Horres, LLC Building Contractor's Company N	ame	Telephone
PO Bux 33578 Raleigh	NC 27636	arobertson@halugonhomesnc.com
Address	259 (Email Address
	HEATED SQ FT	QFT 603 492
License #	Electrical Contractor Information	20
Description of Work		205_Amps T-Pole:YesNo
_ Tool Time Electric		919-215-9245
Electrical Contractor's Company I	Name	Telephone
POBOX 1347 Apex M	16 27502	brandon atoldine electric. com
Address		Email Address
3\03\(4 - \subseteq \subseteq \text{License #}		
	Mechanical/HVAC Contractor Inform	mation
Description of Work	The state of the s	Hadon
	Carpitioning	919-892-6404
Maybor Heating JAIR Mechanical Contractor's Compan	y Name	919 - 897 - 6404 Telephone
1000 Condworth Drive		gerald may nor hear. Low
Address		<u>gerald</u> mayor heac. 6mg Émail Address
12309		
License #	Plumbing Contractor Information	
Description of Work Pumbin	Plumbing Contractor Information	
		_# Baths2.5
Plumbing Contractor's Company I		919-418-4565 Talanhana
4316 Triland Way Co		Telephone
Address	100	Email Address
23793 P1 whitee		
License #		
5 leste - 2 10 Day	Insulation Contractor Information	
Insulation Contractor's Company	Name & Address Plucy	919 - 630 - 836 5 Telephone
The state of the s	Rules Nr 2766	Totophone
*NOTE: General Contractor		
NOTE. General Contractor	/ owner must fill out and sign the	second page of this application.
	strong roots • new growth	



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.

Signature of Owner/Contractor/Officer(s) of Corporation

12/10/21 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: Musteri Rutartan - Operations Manager Date: 12/10/2/