Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owner's Name True Homes LLC	Date 1/04/2022
	704-929-8460
Directions to job site from Lillington	
Take left on NC 210 and then right onto mathews road, arlie meadows on the right	
Subdivision Walkers Grove Lot 7	
	drooms 4
Heated SF 2820 Unheated SF 980 Finished Bonus Room? Crawl Space	s Slab
General Contractor Information	
True Homes LLC 704-929-8460	
Building Contractor's Company Name Telephone	
2649 Brekonridge Centre Dr Monroe NC 28110mparmiter@true	homesusa.com
Address Email Address	
67353	
License #	
Description of Work Service Size 40Amps T-Po	Ne Ves No
Tool Time Electric 919-481-9100	ne <u>re</u> res <u>r</u> res
Electrical Contractor's Company Name Telephone	
2420 Reliance Ave, Suite 200, Apex ,NC, 27502 brandon@tooltin	mealectric com
Address Email Address	meelectric.com
31034	
License #	
Mechanical/HVAC Contractor Information	
Description of Work	
Airtron 704-333-566	7
Mechanical Contractor's Company Name Telephone	•
10616 Granite St. Unit L, Charlotte NC 28273 kelly.byrd@dire	ecteneray.com
Address Email Address	
32416	
License #	
Plumbing Contractor Information	
Description of Work# Baths 2.5	
All Max Plumbing 919-678-0111	
Plumbing Contractor's Company Name Telephone	
2428 Reliance Ave, Apex, NC, 27539 uwe@all-max	plumbing.com
Address Email Address	
29022	
License #	
Insulation Contractor Information	
B Organized 919-615-3175	
Insulation Contractor's Company Name & Address Telephone	

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. Megan A. Parmiter. 1/04/2022 Signature of Owner/Contractor/Officer(s) of Corporation.	
Affidavit for Worker's Compensation N C G S 87-14	
The undersigned applicant being the	
General Contractor	
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	
Company or Name True Homes LLC	
Sign w/Title Megan a. Parmiter / Permit Coordinator Date 1/04/2022	