

Application #

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

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits PRP 026

Application for Residential Building and Trades Permit

Owner's Name: DAVIDSON HOMES, LLC	Date <u>01/31/22</u>
Site Address: TBD BLUE MONARCH LANE	Phone <u>984-217-8561</u>
Subdivision: PRINCE PLACE	Lot26
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL	_ Total Job Cost\$250,315
General Contractor Information	
DAVIDSON HOMES, LLC	256-350-1322
Building Contractor's Company Name	Telephone
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824 Address	CHowell@davidsonhomesllc.com Email Address
80381 HEATED SQ FT 3104 GARAGE SQ	FT 437
License #	
<u>Electrical Contractor Information</u> Description of Work <u>NEW SINGLE FAMILY RESIDENTIAL</u> Service Size: _	
IDEAL ELECTRIC	734-927-7440
Electrical Contractor's Company Name	Telephone
PO BOX 969 FARMINGTON, MI 48322	michael.frittelli@idealelec.com
Address	Email Address
<u>U.27098</u>	
License # Mechanical/HVAC Contractor Information	ation
Description of Work NEW SINGLE FAMILY RESIDENTIAL	ution
YELLOW DOT HEATING & AIR CONDITIONING	010.754.9696
Mechanical Contractor's Company Name	919-754-8686 Telephone
1203 N. NEW HOPE ROAD RALEIGH, NC 27610	_pkeenan@ydhvac.com
Address	Email Address
L.32872	
License #	_
Plumbing Contractor Information	_
Description of Work NEW SINGLE FAMILY RESIDENTIAL	_# Baths4.5
ALL-MAX PLUMBING Plumbing Contractor's Company Name	919-678-0111 Talanhana
Plumbing Contractor's Company Name	Telephone
2428 RELIANCE AVENUE APEX, NC 27593 Address	vicky@all-maxplumbing.com Email Address
L.29022 (CLASS 1)	Littaii / Iddi 000
License #	
Insulation Contractor Information	<u>1</u>
TATUM INSULATION, INC.	910-862-5958
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.

BW 200 01/31/22		
Signature of Owner/Contractor/Officer(s) of Corporation 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.		
X 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: Davidson Homes Raleigh Division President Date: 01/31/22		