

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
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

PRP 060

## **Application for Residential Building and Trades Permit**

Owner's Name: DAVIDSON HOMES, LLC		Date <u>03/03/22</u>
Site Address: TBD PRINCE PLACE DRIVE	Phone	984-217-8561
Subdivision: PRINCE PLACE	Lot	60
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL	_ Total Job Cost _	\$264,680
General Contractor Information		
DAVIDSON HOMES, LLC Building Contractor's Company Name	<u>256-350-1322</u> Telephone	
336 JAMES RECORD ROAD HUNTSVILLE, AL 35824 Address	CHowell@davidsonhomesllc.com Email Address	
80381 HEATED SQ FT 3104 GARAGE SQ	FT 785	
License #		
Description of Work NEW SINGLE FAMILY RESIDENTIAL Service Size:  IDEAL ELECTRIC  Electrical Contractor's Company Name		
PO BOX 969 FARMINGTON, MI 48322	_michael.frittelli@idealelec.com_	
Address	Email Address	
U.27098 License #  Mechanical/HVAC Contractor Information	ation_	
Description of Work NEW SINGLE FAMILY RESIDENTIAL		
YELLOW DOT HEATING & AIR CONDITIONING Mechanical Contractor's Company Name	919-754-8686 Telephone	
1203 N. NEW HOPE ROAD RALEIGH, NC 27610 Address	_pkeenan@ydhvac.com Email Address	
L.32872 License #  Plumbing Contractor Information	1	
Description of Work NEW SINGLE FAMILY RESIDENTIAL	<u>.</u> # Baths 4.5	
ALL-MAX PLUMBING	919-678-0111	
Plumbing Contractor's Company Name	Telephone	
2428 RELIANCE AVENUE APEX, NC 27593 Address	_vicky@all-maxplumbing.com Email Address	
<u>L.29022 (CLASS 1)</u> License #		
Insulation Contractor Information		
TATUM INSULATION, INC.	910-862-5958 Tolophone	
Insulation Contractor's Company Name & Address	Telephone	<del>-</del>

\*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 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.

13w 2Cm	03/03/22		
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 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 R	NALEIGH DIVISION PRESIDENT Date: 03/03/22		