



Application # \_\_\_\_\_

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**

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: Macias Enterprises LLC Date: 6/30/23  
Site Address: 44 Sweet Home Ct Phone: 9105140808  
Subdivision: Morgan Farms Lot: 20  
Description of Proposed Work: Residential Home Build

**General Contractor Information**

Vogt Contracting 919-760-0101  
Building Contractor's Company Name Telephone  
682 Adams Point Dr, Garner, NC twhite@pintailofs.com  
Address Email Address  
81734  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: 400 Amps T-Pole:  Yes  No  
Jeff Willis Electric  
Electrical Contractor's Company Name Telephone  
120 Hunting Lodge Rd, Clayton, NC 27520  
Address Email Address  
15644-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work All mechanical/HVAC work  
Air Temp Mechanical LLC  
Mechanical Contractor's Company Name Telephone  
73 Laughter Lane, Garner, NC 27529  
Address Email Address  
21362  
License #

**Plumbing Contractor Information**

Description of Work All plumbing # Baths 3.5  
Integra Plumbing Christopher Tyson  
Plumbing Contractor's Company Name Telephone  
3805 Horsemint Tr, Zebulon, NC 27597  
Address Email Address  
31279 pl  
License #

**Insulation Contractor Information**

TNT Insulation LLC; 350 Salem Church Rd, Wendell, NC  
Insulation Contractor's Company Name & Address Telephone

**\*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.**

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

6/30/23  
\_\_\_\_\_  
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:

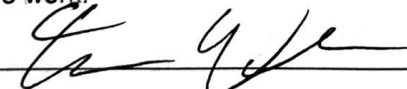
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  \_\_\_\_\_ Date: 6/30/23