

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

company name & phone must match information on license.

* Must be owner/occupier or licensed contractor. Address,

Application for Residential Building and Trades Permit

Owner's Name: TBP Homes of Raleigh	Date <u>3/22/2022</u>
Site Address: 562 Lambert Lane	Phone 315-460-5949
Subdivision: Purfoy Place	25
Description of Proposed Work: New SFD	Total Job Cost <u>300,000</u>
General Contractor Informat	
Triangle Building & Properties, LLC	919-501-8625
Building Contractor's Company Name	Telephone
PO Box 28958, Raleigh NC 27611	planning@trianglebuild.com
Address	Email Address
78500 HEATED SQ FT 2578 GARAGE	SQ FT 462
License #	
Electrical Contractor Informa Description of Work New sfd electrical rough in and trim outs Service Siz	it ion :e: Amps T-Pole: XYes No
Simply 1 Electric	919-369-2793
Electrical Contractor's Company Name	Telephone
411 Grandstand Lane, Raleigh NC 27615	Simply1electric@ymail.com
Address	Email Address
26246-U	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	010 000 000
Services Unlimited Heating and Air, Inc	919-669-8268
Mechanical Contractor's Company Name 1241 Wicker Dr, Raleigh NC 27604	Telephone
Address	clint@surhvac.com Email Address
14651	Email Address
License #	
Plumbing Contractor Informa	<u>ition</u>
Description of Work <u>New construction plumbing rough ins and trim out</u>	# Baths ³
Carolina Plumbing and Repair	919-779-7452
Plumbing Contractor's Company Name	Telephone
1516 Buffaloe Rd, Garner NC 27529	infor@carolinaplumbingrepair.con
Address	Email Address
11121	
License #	
Stophons Ruilding Products	
Stephens Building Products Insulation Contractor's Company Name & Address	919-937-8543 Telephone
Insulation Contractor's Company Name & Address	

*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.

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

3.22.2022

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General ContractorOwnerX 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.
$\frac{1}{1}$ 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: Maddy Ellithorpe Operations Project Manager Date: 3/16/2022