

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

Application for Residential Building and Trades Permit

| Owner's Name: TBP Homes of Raleigh | Date 3/16/2022 | |
|---|----------------------------------|--|
| Site Address: 361 Lambert Lane | Phone 315-460-5949 | |
| Subdivision: Purfoy Place | Lot 36 | |
| Description of Proposed Work: New SFD | Total Job Cost 300,000 | |
| General Contractor Information | | |
| 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 2507 GARAGE S | Q FT 670 | |
| License # | | |
| Description of Work New sfd electrical rough in and trim outs Service Size: | <u>on</u> Amps T-Pole: ★YesNo | |
| 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 | Email / (darees | |
| License # | | |
| Mechanical/HVAC Contractor Inform | <u>nation</u> | |
| Description of Work | | |
| Services Unlimited Heating and Air, Inc | 919-669-8268 | |
| Mechanical Contractor's Company Name | Telephone | |
| 1241 Wicker Dr, Raleigh NC 27604 | clint@surhvac.com | |
| Address | Email Address | |
| 14651 | | |
| License # | | |
| Plumbing Contractor Information | <u>on</u> | |
| Description of Work New construction plumbing rough ins and trim out | # Baths_3 | |
| Carolina Plumbing and Repair | 919-779-7452 | |
| Plumbing Contractor's Company Name | Telephone | |
| 1516 Buffaloe Rd, Garner NC 27529 | infor@carolinaplumbingrepair.com | |
| Address | Email Address | |
| 11121 | | |
| License # | | |
| Insulation Contractor Information Stephens Building Products | o <u>n</u> 919-937-8543 | |
| <u> </u> | | |
| 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.

Waddy Withours

| Signature of Owner/Contractor/Officer(s) of Corporation | 3/16/2022 | |
|---|--|--|
| 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: | | |
| General Contractor OwnerX | 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: Maddy Clithorps Oper | rations Project Manager Date: 3/16/2022 | |
| | | |