

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

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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.

## Application for Residential Building and Trades Permit

Owner's Name: Triple A Homes, Inc.		Date:	4/6/22
Site Address: 52 Royal Ella Court Fuquay-Varina, NC 27523	Phone:	984-225-	0699
Subdivision: Prince Place	Lot:	14	
Description of Proposed Work:	Total Job Cost:	\$350,	000
General Contractor Information			
Triple A Homes, Inc.	984-225-0699		
Building Contractor's Company Name	Telephone		
PO Box 1117, Holly Springs, NC 27540	logan@tripleahomes.o	rg	
Address	Email Address		
76983			
License #			
Electrical Contractor Information           Description of Work         Turnkey Electrical Service         Service Size: 20	<u>∞</u> Amps T-P	ole: x	Yes No
Imperial Electric	919-363-7474	<u> </u>	<u> </u>
Electrical Contractor's Company Name	Telephone		
PO Box 1626, Apex, NC 27502	office@imperial-electri	cnc.com	
	Email Address		
19850-L			
License #	_		
Mechanical/HVAC Contractor Informa	<u>ition</u>		
Description of Work Turnkey HVAC Services			
Maynor HVAC	919-361-0993		
	Telephone		
1094 Classic Rd, Apex, NC 27539	holli@maynorhvac.con	1	
Address 35159	Email Address		
License # Plumbing Contractor Information			
	# Baths 4		
Carnells Plumbing Inc	919-365-6944		-
	Telephone		
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsou	th.net	
	Email Address		
11755			
License #			
Insulation Contractor Information			
Jimmy Stevens	919-937-8543		
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

MINAN

4/6/22

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:							
	_ General Contractor	_Owner	X	_ Officer/Agent of t	he Contractor or Owner		
	reby confirm under penalties of th in the permit:	perjury tha	at the pe	erson(s), firm(s) or c	corporation(s) performing the work		
x	Has three (3) or more employe	es and ha	s obtain	ed workers' compe	nsation insurance to cover them.		
them.	Has one (1) or more subcontra	ctors(s) ar	nd has c	btained workers' co	ompensation insurance to cover		
	Has one (1) or more subcontrang themselves.	ctors(s) w	ho has t	heir own policy of w	orkers' compensation insurance		
	Has no more than two (2) empl	loyees and	d no sub	contractors.			
Depart to issu	working on the project for which tment issuing the permit may re ance of the permit and at any ti ng out the work.	quire certi	ficates o	of coverage of work	er's compensation insurance prior		
Sign w	/Title: <u>UUM Peter</u>	8	Permi	tting Specialist	Date: 4/6/22		