

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:4/7/22
Site Address: 219 Blue Monarch Lane, Fuquay-Varina, NC 27523	Phone: 984-225-0699
Subdivision: Prince Place	Lot: 31
Description of Proposed Work: new SFD	Total Job Cost:\$350,000
General Contractor I	nformation
Triple A Homes, Inc.	984-225-0699
Building Contractor's Company Name	Telephone
PO Box 1117, Holly Springs, NC 27540	logan@tripleahomes.org
Address	Email Address
76983	
License #	
Description of WorkTurnkey Electrical Service Ser	<u>Information</u> rvice Size: ^{_200} Amps T-Pole: <u>x</u> YesNo
Imperial Electric	
Electrical Contractor's Company Name	<u>919-363-7474</u> Telephone
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PO Box 1626, Apex, NC 27502 Address	office@imperial-electricnc.com Email Address
19850-L	Email Address
License #	
Mechanical/HVAC Contrac	ctor Information
Description of Work Turnkey HVAC Services	
Maynor HVAC	919-361-0993
Mechanical Contractor's Company Name	Telephone
1094 Classic Rd, Apex, NC 27539	holli@maynorhvac.com
Address	Email Address
35159	2.114.1171441.000
License #	
Plumbing Contractor	<u>Information</u>
Description of Work Turnkey Plumbing Services	# Baths 4
Carnells Plumbing Inc	919-365-6944
Plumbing Contractor's Company Name	Telephone
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net
Address	Email Address
11755	
License #	
Insulation Contractor	<u>Information</u>
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 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 4/7/22 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
General Contractor Owner _X 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:	
X 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: Permitting Specialist Date: 4/6/22	