

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/occupier or licensed | |
| contractor. Address, company | |
| name & phone must match | |
| information on license. | |

Application for Residential Building and Trades Permit

| Owner's Name: Starlight Homes of NC | Date: <u>5/13/2022</u> |
|---|--|
| Site Address:233 Timber Skip Drive | Phone: 919-696-0325 |
| Subdivision: Crossings at Anderson Creek | Lot: 64 |
| Description of Proposed Work: Single Family Home | Total Job Cost: 180,000 |
| General Contractor Information | |
| Starlight Homes of NC | Telephone:919-872-0048 |
| Building Contractor's Company Name | |
| 5711 Six Forks Rd, Suite 200, Raleigh, NC 27609 | Email Address |
| Address | ivette.rivera@starlighthomes.com |
| 78379 HEATED SQ FT_ ²¹⁶⁶ GARAGE SC | <mark>2 80</mark> 9 |
| License # | _ |
| Electrical Contractor Information Description of Work New Electrical Wiring SFH Service Size: | <u>n</u> <u>200 A</u> mps T-Pole: <u>X </u> Yes <u>No</u> |
| Buford Electrical INC | 919-481-5490 |
| Electrical Contractor's Company Name | Telephone |
| 2978 Gillespir St. Fayetteville, NC 28306 | bufordeletric@gmail.com |
| Address | Email Address |
| 31424-U | |
| License # | |
| Mechanical/HVAC Contractor Inform | ation |
| Description of WorkInstall New Heating & Air System in SFH | |
| Certified Heating Air Conditioning | 910-858-0000 |
| Mechanical Contractor's Company Name | Telephone |
| PO Box 1071 Hope Mills, NC 28348 | certifiedheatair@embarqmail.com |
| Address H3C1-20012 | Email Address |
| License # | |
| Plumbing Contractor Information | n |
| Description of Work Install all plumbing in SFH | _ # Baths ^{2.5} |
| Vance Johnson Plumbing Co, INC | 910-424-6712 |
| Plumbing Contractor's Company Name | Telephone |
| PO Box 64307, Fayetteville, NC 28306 | wbleacher@vjplumbing.com |
| Address | Email Address |
| 07756 | |
| License # | |
| Insulation Contractor Informatio | |
| Tatum Insulation II, INC - 519 Old Drug Store Rd, Garner, NC 27529 | 919-661-0999 |
| 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.

| Ivette Rivera - Starligh Homes Permitting Coordinator | 5/13/2022 | |
|---|-----------|--|
| 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: |
| X General Contractor X 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. |
| <u>X</u> 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: Ivette Rivera - Starligh Homes Permitting Coordinator Date: 5/13/2022 |