

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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

## Application for Residential Building and Trades Permit

Owner's Name: Halcyon Homes, LLC	Date 7/13/22
Site Address: 76 Blue Monach Lane	
Subdivision: Prince Place	
	Total Job Cost \$437,000
General Contractor Information	
Halcyon Hones, LLC Building Contractor's Company Name	919-337-5245
	Telephone
PO Box 33578 Raleigh NC 27636 of Address	Tubertson@hakyonhomesnc.62 Email Address
31034-I HEATED SQ FT 2604 GARAGE SC	2FT 492
License # Electrical Contractor Informatio	n
Description of Work Flectrical Contractor Information  Service Size: 206 Amps T-Pole: Yes No	
Tool time Electric	919-2159245
Electrical Contractor's Company Name	Telephone
PO Box 1347 Aprix NC 27502 Address	brandon@ toot incelectric com Email Address
31034-1	
License #  Mechanical/HVAC Contractor Information	
Description of Work	
A. Maynor Heating & Air Conditioning Mechanical Contractor's Company Name	919-897 - 6404 Telephone
4108 Attentie Avenue Raloigh NC 27604 Address	geral D Mayner Services. Com Email Address
35159	
License #	
Plumbing Contractor Informatio	
Description of Work Plumbing	# Baths 2.5
Dweetwater Plumbing LLC Plumbing Contractor's Company Name	919-418-4565 Telephone
4316 Trilone way Cary NC 27518	tomasweetwaterplussing IIC. Com
Address	Email Address
25793 P1 unimitad	
License #  Insulation Contractor Information	
	919-630-8365
Insulation Contractor's Company Name & Address	Telephone
1200 Corporation Plany Suite 121 Raleigh NC 27610	
*NOTE: Canaral Contractor / owner must fill out and sing the	accord many of this would sale

\*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.

Cluste //alelso 7/14/22	
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 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: Witter Potesteon Operations Manager Date: 7/14/22	