

* 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

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: Halayon Hones, LLC	Date 7/14/22
	Phone 919-337-5245
Subdivision: Prince Place	Lot 27
Description of Proposed Work: New Construction	Total Job Cost 439,375
General Contractor Information	•
Halcyon Hores, LLC Building Contractor's Company Name	919-337-5245
	Telephone
PO Box 33578 Raleigh NL 27636 Address	<u>2robertson@halugonhorus</u> nc.com Email Address
31034. T HEATED SQ FT 2.625 GARAGE SC	FT 503
License # Electrical Contractor Information	
Description of Work Electric Service Size: 3	Amps T-Pole: Yes No
Tooltine Electric	919-215-9245
Electrical Contractor's Company Name	Telephone
POBOX 1347 Apex NC 27502 Address	brandon tool time electric Gam Email Address
3\034-I License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work HVAC	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
A. Maynor Heating & Air Conditioning Mechanical Contractor's Company Name	919-897-6404 Telephone
4108 Atlantic Avenue Paleigh NC 27604	gerald may be services . 60 Email Address
35159	
License #	•
Description of Work Purbug	! _# Baths_ @郷 <u>多</u> 。
Plumbing Contractor's Company Name	919 - 418 - 4565 Telephone
H316 Triland Way Cary NC 27518 Address	tomasweetwatephysing 11(. wm Email Address
23793 P1 UNIMITED	
License # Insulation Contractor Information	1
	919-630-8365
Insulation Contractor's Company Name & Address	Telephone
1200 Grporation Plany Suite 121 Robigh NC27610	

*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

7/14/22 Date

Th	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.		
_ L	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance vering themselves.	
	Has no more than two (2) employees and no subcontractors.	
De to	hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation rrying out the work.	
Si	gn w/Title: Auster Roberts Operation Manager Date: 7/14/22	