

* 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: Halyon Horos, LLC | Date 7/20/22 | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| Site Address: 320 Prince Place Dive | Phone 919-337-5245 | |
| Subdivision: Prince Place | | |
| Description of Proposed Work: New Const. | Total Job Cost (1997) | |
| General Contractor Information | 52 (,472 | |
| Halcyon Hones, LCC | 919-337-5245 | |
| Halcyon Hones, LCC Building Contractor's Company Name | Telephone | |
| PO Box 33578 Raleigh NC 27636 as | obertson @hakyonhonesnc.com | |
| Address 3104 | Email Address | |
| HEATED SQ FT GARAGE SC | IFT 503 | |
| License # | | |
| Description of Work Electrical Contractor Information Service Size: 6 | 1 200_Amps T-Pole: <u> Y</u> esNo | |
| Tool time Electric | 919-215-9245 | |
| Electrical Contractor's Company Name | Telephone | |
| PO Box 1347 Aprex NC 27502 | brandon a toothine | |
| Address | Email Address | |
| 31034-I | | |
| License # Mechanical/HVAC Contractor Inform | ation | |
| | ation | |
| Description of Work HUAC | 0.0 00 | |
| Mechanical Contractor's Company Name | 919-897-6464 Telephone | |
| | | |
| Address Alexande Roleige NC 27604 | <u>Geral Donay w Services.</u> 600 Email Address | |
| 35159 | 2.7741774347555 | |
| License # | | |
| Plumbing Contractor Information | | |
| Description of Work Plundows | #Baths 34 | |
| Plumbing Contractor's Company Name | 919-418-4565 | |
| | Telephone | |
| 4316 Trilare way Cary NC 27518 | tono sweetwater plumbing ILC. Com | |
| Address | Email Address | |
| 23793 P1 UNINCLOR | | |
| Insulation Contractor Information | | |
| Steplant Building Producto | 919-639-8365 Telephone | |
| Insulation Contractor's Company Name & Address | Telephone | |
| 1200 Corporation plan Suite 121 Ralesgl NC 27610 | | |
| *NOTE: General Contractor / owner must fill out and sign the second page of this application. | | |
| | | |

strong roots • new growth



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

7/21/22

| 2 m (4.4) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| Affidavit The undersigned applicant being | for Worker's Compensation N.C.G.S. 87-14 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 emp | loyees and has obtained workers' compensation insurance to cover them. | |
| Has one (1) or more subco | ntractors(s) and has obtained workers' compensation insurance to cover | |
| 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: (Musley I | wester Operations rung Date: 7/21/22 | |