

* 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 Hones, LLC | Date 7/20/22 |
|--|--|
| | Phone 919-337-5245 |
| Subdivision: Prince Place | |
| Description of Proposed Work: Construction | |
| General Contractor Information | |
| | 919-337-5245 |
| Halagan Homes, LLC Building Contractor's Company Name | Telephone |
| Po Box 33578 Paleigl NC 27636 C | Email Address |
| HEATED SQ FT 3005 GARAGES | |
| License # Electrical Contractor Informati | ion |
| Description of Work Electron Service Size | : <u>200</u> Amps T-Pole: <u>~</u> 7esNo |
| Tool Time Electric | 919-215-9245 |
| Electrical Contractor's Company Name | Telephone |
| PO Box 1347 April NC 27502 | brandon@twoltime electric.com Email Address |
| 31034 - I | |
| License # Mechanical/HVAC Contractor Infor | mation |
| Description of Work HUAC | mation |
| | 919-897-6404 |
| Mechanical Contractor's Company Name | Telephone |
| 4108 Atlantic Annue Raleigh NC27604 Address | geral Do Maynor Service 3. Com. |
| 35159 | Email Address |
| License # | |
| Plumbing Contractor Information | |
| Description of Work Punbing | # Baths 2.5 |
| Sweetwater Plumbing, LLC Plumbing Contractor's Company Name | 919-418-4565 |
| | Telephone |
| 4316 Triland Way Cary NL 27518 Address | tonosweetwerphysicalle. on Email Address |
| 23793 P1 unlimites | Linaii Address |
| License # | |
| Insulation Contractor Informati | |
| Insulation Contractor's Company Name & Address | 919-680-8365 Telephone |
| 1200 Corporation Pluy Suite 121 Roleich NLDG10 | Tolophone |
| *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

7/20/22

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: Cluster Robertson Operations pranage Date: 7/20/22 | |