

Application #	

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Triple A Homes, Inc.	Date:
Site Address: 82 Royal Ella Court	Vesti
Subdivision: Prince Place	
050	Total Job Cost: \$350,000
General Contractor Information	
Triple A Homes, Inc.	984-225-0699
Building Contractor's Company Name	Telephone
	logan@tripleahomes.org
Address	Email Address
76983	
License #	
Description of Work Turnkey Electrical Service Service Size: 20	Amps T Pole: v Ves No
Imperial Electric	
300 N 200 (000 \$100)	919-363-7474 Telephone
PO Box 1626, Apex, NC 27502	office@imperial-electricnc.com
Address 19850-L	Email Address
License # Mechanical/HVAC Contractor Informa	tion
-	<del></del>
Description of WorkTurnkey HVAC Services  Maynor HVAC	919-361-0993
Mechanical Contractor's Company Name 1094 Classic Rd, Apex, NC 27539	Telephone holli@maynorhvac.com
Address 35159	Email Address
License # Plumbing Contractor Information	
	# Datha 3
Description of WorkTurnkey Plumbing Services  Carnells Plumbing Inc	# Baths3 919-365-6944
	Telephone
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net
	Email Address
11755	
License # Insulation Contractor Information	
Jimmy Stevens	919-937-8543
	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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="mainto:any">any</a> 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.

changes, I certify it is my responsibility to notify the Harnett Count any and all changes. <b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is as per current fee schedule.				
is as per current ree scriedule.				
Cauva Reters	6/21/22			
Signature of Owner/Contractor/Officer(s) of Corporation	ate			
Affidavit for Worker's Compensation The undersigned applicant being the:	on N.C.G.S. 87-14			
General Contractor Owner _X Officer/A	gent 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:				
X Has three (3) or more employees and has obtained workers	compensation insurance to cover them.			
$\underline{\hspace{1cm}}$ Has one (1) or more subcontractors(s) and has obtained wo them.	rkers' 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	Ġ.			
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: Permitting Special	ist Date:6/21/22			