

Application # _____

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

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: Watermark Homes, Inc. | Date 08/26/2022 | |
|--|---|--|
| Site Address: 617 Joseph Alexander Dr, Fuquay Varina, NC 275 | 26 Phone <u>919-938-8052</u> | |
| Subdivision: Ballard Woods | Lot <u>129</u> | |
| Description of Proposed Work: Single Family | Total Job Cost \$271,980 | |
| General Contractor Information | on_ | |
| Watermark Homes, Inc. | 919-938-8052 | |
| uilding Contractor's Company Name Telephone | | |
| 196 Annette Drive, Benson, NC 27504 | kristina@watermarkhomesnc.com | |
| Address | Email Address | |
| 49261BLD-U HEATED SQ FT 2331 GARAGE S | SQ FT 683 | |
| License # | | |
| Description of Work Electrical Service Service Service Service | <u>on</u> : <u>200 </u> Amps T-Pole: <u> √</u> Yes <u> </u> No | |
| Tool Time Services, Inc | 919-274-3234 | |
| Electrical Contractor's Company Name | Telephone | |
| PO Box 2207, Garner, NC 27529 tooltimeservices@gma | | |
| Address Email Address | | |
| 30306 | | |
| License # | | |
| Mechanical/HVAC Contractor Infor | <u>mation</u> | |
| Description of Work HVAC Heating and Air System | | |
| Stephenson Heating and Air, Inc | 919-329-0686 | |
| Mechanical Contractor's Company Name Telephone | | |
| 343 Shipwash Drive, Garner, NC 27520 | stephensonhvac@aol.com | |
| Address Email Address | | |
| 18644 | | |
| License # | | |
| Plumbing Contractor Informati | <u>ion</u> | |
| Description of Work Plumbing | # Baths <u> 2.5</u> | |
| Celey's Quality Services, Inc | 919-938-1813 | |
| Plumbing Contractor's Company Name Telephone | | |
| 6-6B Old Roberts Rd., Benson, NC 27504 tara@celeys.com | | |
| Address | Email Address | |
| 32853 | | |
| License # | | |
| Insulation Contractor Informat | | |
| Cumberland Insulation- 4205 Clinton Rd, Fayetteville, NC 28312 | 910-484-7118 | |
| Insulation Contractor's Company Name & Address | Telephone | |

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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

08/26/2022

Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14 | | | | |
|---|-------|------------------------|--------------------|--|
| The undersigned applicant being the: | | | | |
| X General Contractor | Owner | Officer/Agent of the C | ontractor 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. | | | | |
| X 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: | | | Date: 08/26/2022 | |