

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 09/02/2022	
Site Address: 583 Joseph Alexander Dr, Fuquay Varina, NC 275	526 Phone <u>919-938-8052</u>	
Subdivision: Ballard Woods	Lot <u>163</u>	
Description of Proposed Work: Single Family	Total Job Cost <u>\$289,754</u>	
General Contractor Information	<u>on</u>	
Watermark Homes, Inc. 919-938-8052		
Building Contractor's Company Name	Telephone	
196 Annette Drive, Benson, NC 27504	kristina@watermarkhomesnc.com	
Address	Email Address	
49261BLD-U HEATED SQ FT 2459 GARAGES	SQ FT 611	
License #		
Description of Work Electrical Service Service Size	<u>i<b>on</b></u> e: <u>200</u> Amps  T-Pole: <u>√</u> YesNo	
Tool Time Services, Inc	919-274-3234	
Electrical Contractor's Company Name  Telephone		
447 Cleveland Crossing Dr, Garner, NC 27529	jimwandland.tts@gmail.com	
Address	Email Address	
30306		
License #		
Mechanical/HVAC Contractor Info	<u>rmation</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		
dress Email Address		
18644		
License #		
Plumbing Contractor Informat		
escription of Work Plumbing# Baths_ 2.5		
Celey's Quality Services, Inc	919-938-1813	
Plumbing Contractor's Company Name	Telephone	
636-6B Old Roberts Rd., Benson, NC 27504	tara@celeys.com	
Address	Email Address	
32853		
License #	tion	
Insulation Contractor Informat	<del></del>	
Cumberland Insulation- 4205 Clinton Rd, Fayetteville, NC 28312 Insulation Contractor's Company Name & Address	910-484-7118 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

09/02/2022

Date

Affidavit for	Worker's C	ompensation N.C.G.S	. 87-14	
The undersigned applicant being the:				
X General Contractor	Owner	Officer/Agent of the Co	ontractor or Owner	
Do hereby confirm under penalties of set forth in the permit:	perjury that the	e person(s), firm(s) or corpor	ation(s) performing the work	
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: 09/02/2022	