



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

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

Application for Residential Building and Trades Permit

Owner's Name: TBP Homes of Raleigh Date 3/16/2022

Site Address: 70 Lambert Lane Phone 315-460-5949

Subdivision: Purfoy Place Lot 3

Description of Proposed Work: New SFD Total Job Cost 300,000

General Contractor Information

Triangle Building & Properties, LLC 919-501-8625

Building Contractor's Company Name Telephone

PO Box 28958, Raleigh NC 27611 planning@trianglebuild.com

Address Email Address

78500 **HEATED SQ FT** 3060 **GARAGE SQ FT** 568

License #

Electrical Contractor Information

Description of Work New sfd electrical rough in and trim outs Service Size: _____ Amps T-Pole: Yes No

Simply 1 Electric 919-369-2793

Electrical Contractor's Company Name Telephone

411 Grandstand Lane, Raleigh NC 27615 Simply1electric@ymail.com

Address Email Address

26246-U

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Services Unlimited Heating and Air, Inc 919-669-8268

Mechanical Contractor's Company Name Telephone

1241 Wicker Dr, Raleigh NC 27604 clint@surhvac.com

Address Email Address

14651

License #

Plumbing Contractor Information

Description of Work New construction plumbing rough ins and trim out # Baths 3

Custom Master Plumbing 919-796-9423

Plumbing Contractor's Company Name Telephone

721 S. New Hope Rd, Raleigh NC 27610 custommasterplumbing@hotmail.com

Address Email Address

21583

License #

Insulation Contractor Information

Stephens Building Products 919-937-8543

Insulation Contractor's Company Name & Address 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 **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.

Maddy Ellithorpe
Signature of Owner/Contractor/Officer(s) of Corporation

8/18/2022
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: Maddy Ellithorpe Operations Project Manager Date: 8/18/2022