

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: Family Building Company II LLC | Date 9/12/22 | | |
|--|--|--|--|
| Site Address: Lot 38 Jasmine Rd. Fuquay Varina, NC 27526 | | | |
| Subdivision: Captains Landing | Lot 38 | | |
| Description of Proposed Work: New Single Family Home | Total Job Cost \$190,000 | | |
| General Contractor Inform | | | |
| Family Building Company II LLC | 931-269-9471 | | |
| Building Contractor's Company Name | Telephone | | |
| 1016 Mockingbird Drive Raleigh, NC 27615 | billing@familybuildingco.com | | |
| Address | Email Address | | |
| 83597 HEATED SQ FT 1215 GARAG | GE SQ FT 0 | | |
| License # | | | |
| Description of Work All electrical work for new home Service | <u>mation</u> Size: ²⁰⁰ Amps T-Pole: <mark>Χ</mark> Yes <u> </u> No | | |
| Imperial Electric | 919-363-7474 | | |
| Electrical Contractor's Company Name | Telephone | | |
| P.O. Box 162 Apex, NC 27502 | office@imperial-electricinc.com | | |
| Address | Email Address | | |
| 19850 | | | |
| License # | | | |
| Mechanical/HVAC Contractor I | <u>ntormation</u> | | |
| Description of Work All mechanical work for new home | 040,000,4445 | | |
| Weather Master HVAC | 919-266-4415 | | |
| Mechanical Contractor's Company Name | Telephone | | |
| 305 Village Dr. Knightdale, NC 27545 | mnewsome@weathermasterhvac.co | | |
| Address 17326 | Email Address | | |
| License # | | | |
| Plumbing Contractor Inform | mation | | |
| Description of Work All plumbing work for new home | # Baths_2 | | |
| Carnell's Plumbing | 919-365-6944 | | |
| Plumbing Contractor's Company Name | Telephone | | |
| 611 Maggie Way, Wendell, NC 27591 | abcarnellplbg@bellsouth.net | | |
| Address | Email Address | | |
| 11755 | Email / Maroos | | |
| License # | | | |
| Insulation Contractor Infor | mation_ | | |
| Tri-City Insulation 7204 Becky Cr. Raleigh, NC 27615 | 919-790-9684 | | |
| 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.

9/12/22

Matthew Szalecki

| Signature of Owner/Contractor/Officer(s) of Corporation Date | | | | | | | |
|--|---|----------------------|----------------|-------------------|--------------------------|--------|--|
| | | | | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | | | | | |
| X | General Contractor | Owner | Office | Agent of the Co | ontractor or Owner | | |
| | reby confirm under penalties th in the permit: | s of perjury that th | ne person(s), | firm(s) or corpor | ration(s) performing the | e work | |
| Has three (3) or more employees and has obtained workers' compensation insurance to cover them. | | | | | | | |
| them. | Has one (1) or more subco | ntractors(s) and h | has obtained | workers' compe | nsation insurance to co | over | |
| $\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance | | | | | | | |
| Has no more than two (2) employees and no subcontractors. | | | | | | | |
| Depar to issu | working on the project for w tment issuing the permit ma nance of the permit and at a ng out the work. | y require certifica | ates of covera | ge of worker's c | compensation insuranc | | |
| Sign v | v/Title: <u>Matthew Sz</u> | alecki (| Owner | | Date: 7/14/22 | | |