

Application # _____

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

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Triple A Homes, Inc.	Date: 9/13/22
Site Address: 31 Inspiration Way, Fuquay Varina	Phone:
Subdivision: Serenity	Lot: _111
Description of Proposed Work: new SFD	_ Total Job Cost: **400,000
General Contractor Information	
Triple A Homes, Inc.	919-800-9951
Building Contractor's Company Name	Telephone
PO Box 1117, Holly Springs, NC 27540	logan@tripleahomes.org
Address	Email Address
76983	
License #	_
Description of Work Turnkey Electrical Service Service Size:	
Imperial Electric	office@imperial-electricnc.com
Electrical Contractor's Company Name	Telephone
PO Box 1626, Apex, NC 27502	
Address	Email Address
19850-L	
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work	
Maynor HVAC	919-361-0993
Mechanical Contractor's Company Name	Telephone
1094 Classic Rd, Apex, NC 27539	holli@maynorhvac.com
Address	Email Address
12309	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths ⁴
Carnells Plumbing Inc	919-365-6944
Plumbing Contractor's Company Name	Telephone
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net
Address	Email Address
11755	
License #	
Insulation Contractor Information	<u>n</u>
Jimmy Stevens	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.

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EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee
<mark>is as per current fee schedule.</mark>
Signature of Owner/Contractor/Officer(s) of Corporation 9/13/22 Date
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:
O
General Contractor Owner _X 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:
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
Thas tiffee (3) of 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: Date: 9/23/22