

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: 9/19/22		
	Phone:		
Subdivision:			
Description of Proposed Work:	Total Job Cost: _ ^{\$400,000}		
General Contractor			
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 #			
Electrical Contractor Description of Work Turnkey Electrical Service Service	<u>r Information</u> ervice Size: 200Amps T-Pole: <u>x</u> YesNo		
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 Contra	actor Information		
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 Contracto			
Description of Work	# Baths ⁵		
Carnells Plumbing Inc	919-365-6944		
Plumbing Contractor's Company Name	Telephone		
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net		
Address 11755	Email Address		
License #			
Insulation Contracto	or Information		
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

aura Leters

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

9/19/22 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ 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.

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:	aura Peters	· ···Permitting Manager	Date:9/19/22
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