



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: Herring Realty, LLC / James E. Allen Date 10-10-2022  
Site Address: 24 Drathaar Court, Lillington Phone 919-268-9127  
Subdivision: Griffon Pointe Lot 4  
Description of Proposed Work: New single family home- Fillmore Plan Total Job Cost \$309,112

**General Contractor Information**

Herring Realty, LLC d/b/a Herring Homes 919-650-8224  
Building Contractor's Company Name Telephone  
933 Old Knight Road, Knightdale, NC 27545 Brian@HerringHomesNC.com  
Address Email Address  
55085 **HEATED SQ FT** 2444.6 **GARAGE SQ FT** 775.4  
License #

**Electrical Contractor Information**

Description of Work Wire home per residential code Service Size: 200 Amps T-Pole:  Yes  No  
Tool Time Electric 919-422-7364  
Electrical Contractor's Company Name Telephone  
PO Box 1347, Apex, NC 27502 brandon@tooltimeelectric.com  
Address Email Address  
31034-I  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Install HVAC per residential code  
Weather Master 919-369-7815  
Mechanical Contractor's Company Name Telephone  
305 Village Drive, Knightdale, NC 27545 LHill@WeatherMaster.com  
Address Email Address  
17326  
License #

**Plumbing Contractor Information**

Description of Work Install plumbing + fixtures per code # Baths 4  
Titan's Plumbing 919-615-1947  
Plumbing Contractor's Company Name Telephone  
PO Box 1045, Dunn, NC 28334 kvargas@titansplumbing.com  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

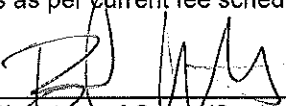
Livegreen 5001 Old Poole Road, Raleigh 919-453-6411  
Insulation Contractor's Company Name & Address Telephone

**\*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.

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

10-10-2022  
\_\_\_\_\_  
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:

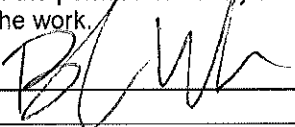
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  CFO \_\_\_\_\_ Date: \_\_\_\_\_