

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: Great Southern Homes	Date 11-20-2023
Site Address: Lot 16- 134 Grand Griffon Way, Lillington 0640-12-5011.000	Phone 919-268-9127
Subdivision: Griffon Pointe	Lot 16
Description of Proposed Work: New single family home- Hawthorne Plan	Total Job Cost <u>\$356,475</u>
General Contractor Information	
Great Southern Homes	919-650-8224
Building Contractor's Company Name	Telephone
933 Old Knight Road, Knightdale, NC 27545	penningtonnieri@greatsouthernhomes.com
Address	Email Address
100027 HEATED SQ FT 3007 GARAGE SC) FT 630
License #	
Description of Work Wire home per residential code Service Size:	
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	Email / Idai / Idai
License #	
Mechanical/HVAC Contractor Inform	ation_
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 <u>4</u>
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 #	n
<u>Insulation Contractor Informatio</u> Livegreen 5001 Old Poole Road, Raleigh	<u>n</u> 919-453-6411
Insulation Contractor's Company Name & Address	Telephone
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*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 øurrent fee schedule.

D MA	10-10-2022	
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 O	fficer/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 v	vorkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover	
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:	