



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: North State Property Partners LLC Date 12/15/22
 Site Address: 551 Lambert Lane, Fuquay-Varina, 27526 Phone 919-501-3766
 Subdivision: Purfoy Place Lot 28
 Description of Proposed Work: 1 new single-family dwelling Total Job Cost 350,000

General Contractor Information

TBP Homes of Raleigh 919-501-3766
 Building Contractor's Company Name Telephone
107 Fayetteville St, 5th Fl, Raleigh 27601 Planning@TriangleBuild.com
 Address Email Address
78500 **HEATED SQ FT** 3,239 **GARAGE SQ FT** 730
 License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Simply 1 Electric 919-369-2793
 Electrical Contractor's Company Name Telephone
411 Grandstand Lane, Raleigh, 27615 simply1electric@gmail.com
 Address Email Address
26246-U
 License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Services Unlimited Heating & Air Inc. 919-669-8268
 Mechanical Contractor's Company Name Telephone
1241 Wicker Dr, Raleigh, 27604 clint@surhvac.com
 Address Email Address
14651
 License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 4
Carolina Plumbing & Repair 919-779-7452
 Plumbing Contractor's Company Name Telephone
1516 Buffaloe Rd, Garner, 27529 info@carolinaplumbingrepair.com
 Address Email Address
11121
 License # _____

Insulation Contractor Information

Stephens Building Products 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.

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.

DocuSigned by:
Michael Klein
A4A99E4D7B4D454

12/15/22

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:

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.

DocuSigned by:
Michael Klein
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Director of Permitting & Land Planning

12/15/22

Sign w/Title:

Date: