

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: Weekley Homes LLC		Date <u>02/23/2023</u>
Site Address: 108 Welcome Drive, Fuquay-Varina, NC 27526	Phone	919.659.1500
Subdivision: Serenity	Lot <u>8</u>	
Description of Proposed Work: New Single Family Dwelling	_ Total Job Cost	\$269,165
General Contractor Information	<u>ı</u>	
Weekley Homes LLC Building Contractor's Company Name	919.659.1505 Telephone	
1111 North Post Oak Road, Houston TX 77055 Address	ralpermits@dwhomes.com Email Address	
40179 HEATED SQ FT 3191 GARAGE SQ License #	OFT 675	
Electrical Contractor Information		ala W.W. N.
Description of Work Wiring Service Size:		ole: <u>X</u> YesNo
MSF Electric Electrical Contractor's Company Name	919.217.9767 Telephone	
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7513 Knightdale Blvd, Knightdale, NC 27545 Address	mandyk@msfelectric.com Email Address	
U.34688 License # Mechanical/HVAC Contractor Inform	ation_	
Description of Work HVAC System		
Dolan Design	919.896.8630	
Mechanical Contractor's Company Name	Telephone	
3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address	larry@dolandesignhvac.com Email Address	
20026 License #		
Plumbing Contractor Information	<u>n</u>	
Description of Work Plumbing	# Baths3	
Poole's Plumbing	919.661.6334	
Plumbing Contractor's Company Name	Telephone	
200 Tinsteel Court, Garner, NC 27529 Address	bobp@poolesplumbing.com Email Address	
21404		
License # Insulation Contractor Informatio	n	
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Builders Insulation 9521 Lumley Road, Suite 200, Morrisville NC 27560 Insulation Contractor's Company Name & Address	919.788.9806 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.

Robin Caparell Signature of Owner/Contractor/Officer(s) of Corporation 02/23/2023 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:Date:		