



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: Watermark Homes, Inc. Date 03/28/2023
Site Address: 265 Indigo St, Lillington, NC 27546 Phone 919-938-8052
Subdivision: South Creek Lot 83
Description of Proposed Work: Single Family Total Job Cost \$242,200

General Contractor Information

Watermark Homes, Inc. 919-938-8052
Building Contractor's Company Name Telephone
196 Annette Drive, Benson, NC 27504 kristina@watermarkhomesnc.com
Address Email Address
49261BLD-U **HEATED SQ FT 2035** **GARAGE SQ FT 724**
License #

Electrical Contractor Information

Description of Work Electrical Service Service Size: _____ Amps T-Pole: ___ Yes ___ No
Tool Time Services, Inc 919-977-1408
Electrical Contractor's Company Name Telephone
PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com
Address Email Address
30306
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC Heating and Air System
Stephenson Heating and Air, Inc 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Drive, Garner, NC 27520 stephensonhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3
Celey's Quality Services, Inc 919-938-1813
Plumbing Contractor's Company Name Telephone
636-6B Old Roberts Rd., Benson, NC 27504 tara@celeys.com
Address Email Address
32853
License #

Insulation Contractor Information

Cumberland Insulation- 4205 Clinton Rd, Fayetteville, NC 28312 910-484-7118
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

03/28/2023

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: 03/28/2023