

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: Watermark Homes, Inc.	Date 04/04/2023
Site Address: 223 Hazelwood Road, Lillington, NC 27546	Phone 919-938-8052
Subdivision: South Creek	Lot 93
Description of Proposed Work: Single Family	Total Job Cost \$281,350
General Contractor Information	<u>1</u>
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 2146 GARAGE SC	<mark>Q FT</mark> 851
License #	_
Description of Work Electrical Service Service Service Service	<u>n</u> ²⁰⁰ Amps T-Pole: ✓ YesNo
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 Inform	<u>nation</u>
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	an
Description of Work Plumbing	 #Baths 2
Celey's Quality Services, Inc	# Ballis_ <u>Z</u> 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.



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

04/04/2023

Date

Affidavit for Worker's Company	eation N.C.G.S. 97.14	
Affidavit for Worker's Compense The undersigned applicant being the:	Sation N.C.G.S. 07-14	
X General Contractor Owner Office	er/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s set forth in the permit:	s), firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has obtained wo	rkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtaine them.	d workers' compensation insurance to cover	
X 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 in Department issuing the permit may require certificates of cover to issuance of the permit and at any time during the permitted carrying out the work.	erage of worker's compensation insurance prior	
Sign w/Title:	Date: 04/04/2023	