

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 <u>04/06/2023</u>
Site Address: 274 Indigo St, Lillington, NC 27546	Phone 919-938-8052
Subdivision: South Creek	Lot 90
Description of Proposed Work: Single Family	Total Job Cost <u>\$275,600</u>
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 2331 GARAGE S	SQ FT 683
License #	in an
Description of Work Electrical Service Size	<u>ion</u> e: <u>200 </u> Amps T-Pole: <mark> ✓ </mark> Yes <u> </u> 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 Infor	<u>rmation</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	
Description of Work Plumbing	# Baths <u> 2.5</u>
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 Informat	
Cumberland Insulation- 4205 Clinton Rd, Fayetteville, NC 28312 Insulation Contractor's Company Name & Address	910-484-7118 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 current fee schedule.

04/06/2023

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 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.	
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 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:	