



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 04/04/2023  
Site Address: 280 Hazelwood Road, Lillington, NC 27546 Phone 919-938-8052  
Subdivision: South Creek Lot 104  
Description of Proposed Work: Single Family Total Job Cost \$257,920

**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 1986 GARAGE SQ FT 540  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Service Size: 200 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 2  
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

04/04/2023  
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: 04/04/2023