

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: PoP Homes - RDU, LLC	Date 6-23-2023
Site Address: 572 Lakerun Drive, Bunnlevel Phone 919	9-525-5856
Subdivision: Poplar Mills Lot 66	
Description of Proposed Work: New Single Family Residence	otal Job Cost \$130,504
General Contractor Information	
PoP Homes-RDU, LLC	919-525-5856
Building Contractor's Company Name	Telephone
117 Christopher Drive, Clayton NC 27520 Address	patrick@mypophomes.com Email Address
87042 HEATED SQ FT 1710 GARAGE SQ FT	428
Electrical Contractor Information	
Description of Work Wire new home Service Size	ze: <u>200</u> Amps T-Pole: <u>X</u> YesNo
W3 Electric Inc	919-550-7341
Electrical Contractor's Company Name	Telephone
308 W Main St STE A Clayton NC 27528	sjones@w3electric.com
Address	Email Address
U.34522	
License #	
Mechanical/HVAC Contractor Information	
Description of Work HVAC new home	
Comfort Air, Inc.	336-794-9730
Mechanical Contractor's Company Name	Telephone
PO Box 552 Clemmons, NC 27012	kayustinatca@outlook.com
Address	Email Address
4218	
License #	
Plumbing Contractor Information	
Description of Work Plumb new home	# Baths2.5
Thornton's Plumbing, Inc	919-550-4833
Plumbing Contractor's Company Name	Telephone
3160 A Vinson Rd Clayton, NC 27527 Address	tpioffice2@gmail.com Email Address
L.22152	
License #	
Insulation Contractor Information	
TriCity Insulation 2701 Rowland Dr STE 300 Raleigh, NC 27615 Insulation Contractor's Company Name & Address	252-243-4999 Telephone
INSURANCE AND DESCRIPTION MODE OF AUDICAS	I GIGDIIUI G



*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 bermission 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

6-23-2023

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: Surance Runly Director of Marketing and Administration Date: 6-23-2023	