

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Triple A Homes, Inc.	Date:
Site Address: 47 Glen Eden Court, Fuquay Varina	Phone: 910-748-6105
Subdivision: Serenity	Lot: 119
Description of Proposed Work: new SFD	_ Total Job Cost: \$400,000
General Contractor Information	
Triple A Homes, Inc.	- 919-800-9951
Building Contractor's Company Name	Telephone
PO Box 1117, Holly Springs, NC 27540	logan@tripleahomes.org
Address	Email Address
76983	
License #	_
Description of Work Turnkey Electrical Service Service Service Size:	<u>n</u> ²⁰⁰ _Amps T-Pole: χ_YesNo
Imperial Electric	office@imperial-electricnc.com
Electrical Contractor's Company Name	Telephone
PO Box 1626, Apex, NC 27502	
Address	Email Address
19850-L	
License #	-4:
Mechanical/HVAC Contractor Inform	lation_
Description of Work Turnkey HVAC Services	040 204 0002
Maynor HVAC	919-361-0993 ———————————————————————————————————
Mechanical Contractor's Company Name 1094 Classic Rd, Apex, NC 27539	Telephone holli@maynorhvac.com
Address 12309	Email Address
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work	# Baths 3
Carnells Plumbing Inc	919-365-6944
Plumbing Contractor's Company Name	Telephone
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net
Address	Email Address
11755	
License #	-
Insulation Contractor Informatio	
Jimmy Stevens	919-937-8543 Talanhana
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 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.

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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 8/18/23 Date
Signature of Owner/Contractor/Officer(s) of Corporation Date
Cignature of Carnot/Contractor/Cimosi(c) of Corporation
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
Consist Contractor Owner X Officer/A rout of the Contractor or Owner
General Contractor Owner _X 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:
V
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.
Thas 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: \(\text{MM} \) \(\text{Print} \text{W} \) \(