

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: GARMAN HOMES	Date 8/23/23
Site Address: 386 SNEED LANE	Phone 919-830-5309
Subdivision: SERENITY	Lot271
Description of Proposed Work:	Total Job Cost ^{310,000}
General Contractor Info	
GARMAN HOMES	919-830-5309
Building Contractor's Company Name	Telephone
4000 PARAMOUNT PKWY, SUITE #250 MORRISVILLE, NC 27560	
Address	Email Address
	RAGE SQ FT 280
License # Electrical Contractor Inf	formation
	ce Size: 200 _Amps T-Pole: X_YesN
	919-622-2148
Electrical Contractor's Company Name	Telephone
5325 HIDWELL PLACE APEX, NC 27539	SCHEDULING.OGILVIEELECTRIC@GMAIL.COM
Address	Email Address
17046	
17046 License #	
License # Mechanical/HVAC Contracto	or Information
License #	or Information
License # Mechanical/HVAC Contracto	or Information 919-348-9399
License # <u>Mechanical/HVAC Contracto</u> Description of Work <u>ALL MECHANICAL WORK</u> JW ULTRA AIR	
License # <u>Mechanical/HVAC Contracto</u> Description of Work <u>ALL MECHANICAL WORK</u>	919-348-9399
License # <u>Mechanical/HVAC Contracto</u> Description of Work <u>ALL MECHANICAL WORK</u> <u>JW ULTRA AIR</u> Mechanical Contractor's Company Name	919-348-9399 Telephone
License # <u>Mechanical/HVAC Contractor</u> Description of Work <u>ALL MECHANICAL WORK</u> <u>JW ULTRA AIR</u> Mechanical Contractor's Company Name <u>3200 LAKE WOODARD DR RALEIGH, NC 27604</u> Address <u>18881</u>	919-348-9399 Telephone ULTRA.WLONG@GMAIL.COM
License # <u>Mechanical/HVAC Contractor</u> Description of Work <u>ALL MECHANICAL WORK</u> <u>JW ULTRA AIR</u> Mechanical Contractor's Company Name <u>3200 LAKE WOODARD DR RALEIGH, NC 27604</u> Address <u>18881</u> License #	919-348-9399 Telephone ULTRA.WLONG@GMAIL.COM Email Address
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License # Mechanical/HVAC Contractor Description of Work ALL MECHANICAL WORK JW ULTRA AIR Mechanical Contractor's Company Name 3200 LAKE WOODARD DR RALEIGH, NC 27604 Address 18881 License # Plumbing Contractor Inf Description of Work ALL PLUMBING WORK TITAN'S PLUMBING Plumbing Contractor's Company Name PO BOX 1045 DUNN, NC 28335 Address 34800 License #	919-348-9399 Telephone ULTRA.WLONG@GMAIL.COM Email Address formation # Baths 3 919-615-1947 Telephone BUSINESS@TITANSPLUMBING.CO Email Address
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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.

8/23/23 Date

FOR GARMAN HOMES
Signature of Owner/Contractor/Officer(s) of Corporation

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:

X 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:

STARTS COORDINATOR FOR GARMAN HOMES	Date:	8/22/23