

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: GARMAN HOMES	Date8/23/23
Site Address: 378 SNEED LANE	Phone 919-830-5309
Subdivision: SERENITY	Lot272
Description of Proposed Work: NEW CONSTRUCTION OF SFD	Total Job Cost
General Contractor Informa	tion_
GARMAN HOMES	919-830-5309
Building Contractor's Company Name	Telephone
4000 PARAMOUNT PKWY, SUITE #250 MORRISVILLE, NC 27560	LINDSEYG@GARMANHOMES.COM
Address	Email Address
62939 HEATED SQ FT 1942 GARAGE	SQ FT 425
License #	
Electrical Contractor Informa	
Description of Work ALL ELECTRICAL WORK Service Size	ze: <u>200 </u> Amps T-Pole: <u>X </u> Yes <u> </u> No
OGILVIE ELECTRIC	919-622-2148
Electrical Contractor's Company Name	Telephone
·	SCHEDULING.OGILVIEELECTRIC@GMAIL.COM
Address	Email Address
17046	
License # Mechanical/HVAC Contractor Info	ormation
·	<u>ormation</u>
Description of Work ALL MECHANICAL WORK	
JW ULTRA AIR	919-348-9399
Mechanical Contractor's Company Name	Telephone
3200 LAKE WOODARD DR RALEIGH, NC 27604	ULTRA.WLONG@GMAIL.COM
Address	Email Address
18881	
License # Plumbing Contractor Informa	ation
· · · · · · · · · · · · · · · · · · ·	
Description of Work ALL PLUMBING WORK	# Baths 2.5
TITAN'S PLUMBING	919-615-1947
Plumbing Contractor's Company Name	Telephone
PO BOX 1045 DUNN, NC 28335	BUSINESS@TITANSPLUMBING.COM
Address	Email Address
34800	
License # Insulation Contractor Information	ation
LIVE GREEN, INC. 5001 OLD POOLE RD. RALEIGH, NC 27610 Insulation Contractor's Company Name & Address	<u>919-453-6411</u> 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.

FOR GARMAN HOMES

8/23/23

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:	
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	