



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: Valentine Martinez Date 12-11-23

Site Address: 1900 Rawls Church Rd, Angier NC Phone (919) 427-5629

Subdivision: _____ Lot _____

Description of Proposed Work: 1200 sqft New Home Construction Total Job Cost 100,000.00

General Contractor Information

A Square Property Solutions

919-602-8141

Building Contractor's Company Name
1629 S Main St, Fuquay Varina NC 27526

Telephone
craig.gentry@asquarepropertysolutions.com

Address
8017

Email Address

HEATED SQ FT 1240

GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work Complete electrical sevice new home Service Size: 200 Amps T-Pole: Yes No
Cerna Electric 919 888-2495

Electrical Contractor's Company Name
2205 Wimberly Woods dr, Sanford nc 27330

Telephone
cernaelectric.jc@gmail.com

Address
U-32868

Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction - 2 ton Heat and Air System
Stephenson Heating and Air 919 329-0686

Mechanical Contractor's Company Name
343 Shipwash Drive, Garner NC 27529

Telephone
stephensonhvac@aol.com

Address
L.18644

Email Address

License # _____

Plumbing Contractor Information

Description of Work New Construction Plumbing System # Baths 2
Hardison Services Inc 919 356 - 3622

Plumbing Contractor's Company Name
2 Atlantic Ave, Benson NC 27504

Telephone
mjhandymanservicesllc@gmail.com

Address
34260

Email Address

License # _____

Insulation Contractor Information

A Square Property Solutions

919 602 8141

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.

12-11-23

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:

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: 12-11-23