



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 of licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: William Stacey Date: 01/15/2024  
Site Address: 3418 Matthews Mill Pond Rd Angier Phone: 919-815-3200  
Subdivision: \_\_\_\_\_ Lot: 3  
Description of Proposed Work: New Home Total Job Cost: 254000

**General Contractor Information**

Triverse Builders Telephone: 919-815-3200  
Building Contractor's Company Name  
202 Coley Farm Rd Fuquay Varina Email Address: Bill@TriverseBuilders.com  
Address: 74545 \_\_\_\_\_  
License #: \_\_\_\_\_

**Electrical Contractor Information**

Description of Work: New Home Service Size: 200 Amps T-Pole:  Yes  No  
Neuse River Telephone: 919-740-7086  
Electrical Contractor's Company Name  
2416 New Bethel Church Rd Angier Email Address: NeuseRiverElectric@gmail.com  
Address: L-3003  
License #: \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work: New Home  
Air Management Systems Telephone: 919-255-0050  
Mechanical Contractor's Company Name  
1013 Peg Ridge Rd New Hope NC Email Address: Paul.W.ams@gmail.com  
Address: 22918 27562  
License #: \_\_\_\_\_

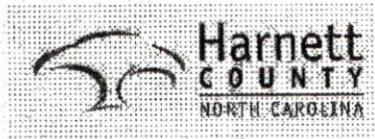
**Plumbing Contractor Information**

Description of Work: New Home # Baths: 2 1/2  
AUmax Telephone: 919-678-0111  
Plumbing Contractor's Company Name  
2428 Belaire Ave Apex NC 27539 Email Address: u1e@AUmaxplumbing.com  
Address: 29022  
License #: \_\_\_\_\_

**Insulation Contractor Information**

Stephensons Telephone: 919-675-3065  
Insulation Contractor's Company Name & Address

**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.~~

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

01/15/2024  
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: [Signature]

Date: 01/15/2024