

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: Porter Built Homes LLC.	Date 01/04/2024	
Site Address: 64 Datton Ct. Fuquay Varina, NC 27526	Phone 919-390-9117	
Subdivision: Cotton Farms	Lot <u>56</u>	
Description of Proposed Work: New Single Family Dwelling	Total Job Cost _ \$499,000	
General Contractor Informatio		
Porter Built Homes, LLC	919-390-9117	
Building Contractor's Company Name Telephone		
2664 Timber Dr. Suite 115, Garner, NC 27529	chris@porterbuiltnc.com	
Address	Email Address	
88578 HEATED SQ FT 3,174 GARAGE S	Q FT 546	
License #		
Description of Work New Residential Install Service Size:		
Mabry's Electrical	200 Amps T-Pole: X Yes No 919-868-6012	
Electrical Contractor's Company Name	Telephone	
731 Mabry Rd. Angier, NC 27501 johnnie@mabryelectrical.com  ddress Email Address		
Address U.15077	Email Address	
License #		
Mechanical/HVAC Contractor Inform	nation	
Description of Work New Residential Install		
· · · · · · · · · · · · · · · · · · ·	010 220 0696	
Stephenson Heating and Air Conditioning, Inc. / Charles Anthony Stephenson  Mechanical Contractor's Company Name  919-329-0686  Telephone		
343 Shipwash Dr. Garner, NC 27529 stephensonhvac@aol.com		
ddress Email Address		
18644	Email / Idal 635	
License #		
Plumbing Contractor Information	<u>on</u>	
Description of Work New Residential Install	# Baths 3	
Sweetwater Plumbing, LLC	919-418-4565	
Plumbing Contractor's Company Name	Telephone	
3460 Apex Peakway Apex, NC 27502	tom@sweetwaterplumbingllc.com	
Address	Email Address	
23793		
License #		
Insulation Contractor Information	<u>on</u>	
Tatum Insulation II 519 Old Drugstore Rd. Garner, NC 27529	919-661-0999	
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.

Unis Poeter - Owner	01/04/2024		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14			

Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
X General Contractor Owner Officer/Agent of the Con	ntractor 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	n insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained workers' compenthem.	nsation insurance to cover		
X 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 Department issuing the permit may require certificates of coverage of worker's contonissuance of the permit and at any time during the permitted work from any personal carrying out the work.	ompensation insurance prior		
Sign w/Title: - Owner	Date: 01/04/2024		