

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	Date12/18/24
Site Address: 205 Sneed Drive	
Subdivision: Serenity	2/19
Description of Proposed Work: New Construction of SFD	
General Contractor Inform	
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 2034 GARA	GE SQ FT 428
License #	
Electrical Contractor Infor	
•	Size: <u>200</u> Amps T-Pole: <u>X</u> Yes No
Ogilvie Electric	919-622-2148
Electrical Contractor's Company Name	Telephone
5325 Hidwell Pl Apex, NC 27539 Address	scheduling.ogilvieelectric@gmail.com Email Address
17046	
License #	
Mechanical/HVAC Contractor I	<u>Information</u>
Description of Work All Mechanical Work	
JW Ultra Air	919-348-9399
Mechanical Contractor's Company Name	Telephone
<u>3200 Lake Woodard Dr Raleigh, 27604</u> Address	<u>ultra.wlong@gmail.com</u> Email Address
18881	
License #	
Plumbing Contractor Infor	<u>mation</u>
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, 28335	business@titansplumbing.com
Address	Email Address
34800	
License #	
Insulation Contractor Infor	<u>rmation</u>
Live Green, Inc. 5001 Old Poole Rd Raleigh, 27610	919-453-6411
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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.

12/18/2024

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:	
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:	