



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Triple A Homes, Inc. Date: 1/24/24

Site Address: 333 Hook Drive, Fuquay Varina, NC 27526 Phone: _____

Subdivision: Cotton Farm Lot: 17

Description of Proposed Work: new SFD Total Job Cost: \$350,000

General Contractor Information

Triple A Homes, Inc. 984-225-0699

Building Contractor's Company Name Telephone

PO Box 1117, Holly Springs, NC 27540 logan@tripleahomes.org

Address Email Address

76983

License # _____

Electrical Contractor Information

Description of Work Turnkey Electrical Service Service Size: 200 Amps T-Pole: Yes No

Imperial Electric 919-363-7474

Electrical Contractor's Company Name Telephone

PO Box 1626, Apex, NC 27502 office@imperial-electricnc.com

Address Email Address

19850-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work Turnkey HVAC Services

Maynor HVAC 919-361-0993

Mechanical Contractor's Company Name Telephone

1094 Classic Rd, Apex, NC 27539 holli@maynorhvac.com

Address Email Address

35159

License # _____

Plumbing Contractor Information

Description of Work Turnkey Plumbing Services # Baths 4

Carnells Plumbing Inc 919-365-6944

Plumbing Contractor's Company Name Telephone

611 Maggie Way, Zebulon, NC 27591 abcarnellplbg@bellsouth.net

Address Email Address

11755

License # _____

Insulation Contractor Information

Jimmy Stevens 919-937-8543

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.

Laura Peters

1/24/24

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 X _____ 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: *Laura Peters* _____ Permitting Specialist Date: 1/24/24 _____