

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	Date1/29/2024
Site Address: 115 Ashbrook Cove	Phone <b>919-830-5309</b>
Subdivision: Serenity	170
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
	GE SQ FT_ 425
License #	
Description of Work All Electrical Work Service S	<u>mation</u> Size: <u>200</u> Amps T-Pole: <u>X</u> YesNo
Ogilvie Electric	
Electrical Contractor's Company Name	919-622-2148 Telephone
5325 Hidwell Pl Apex, NC 27539 Address	scheduling.ogilvieelectric@gmail.con Email Address
17046 License #	ofown ation
Mechanical/HVAC Contractor In  Description of Work All Mechanical Work	<u>normation</u>
JW Ultra Air Mechanical Contractor's Company Name	919-348-9399 Telephone
	Telephone
Address 27604	ultra.wlong@gmail.com Email Address
18881 License #	
Plumbing Contractor Inform	<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 Information	
Live Green, Inc. 5001 Old Poole Rd Raleigh, 27610 Insulation Contractor's Company Name & Address	919-453-6411 Telephone
modiation contractors company Name & Address	I CICUI IUI IC

\*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.

1/29/2024

for Garman Homes

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:	