

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

## Application for Residential Building and Trades Permit

Owner's Name: Weekley Homes LLC	Date 01/29/2024			
Site Address: <u>454 Serenity Walk Parkway, Fuquay-Varina, NC 27526</u>	Phone <u>919.659.1500</u>			
Subdivision: <u>Serenity</u>				
Description of Proposed Work: <u>New Single Family Dwelling</u>	_ Total Job Cost <u>\$269,165</u>			
General Contractor Information				
<u>Weekley Homes LLC</u> Building Contractor's Company Name	<u>919.659.1505</u> Telephone			
<u>1111 North Post Oak Road, Houston TX 77055</u> Address	<u>ralpermits@dwhomes.com</u> Email Address			
40179 HEATED SQ FT_3191 GARAGE SC License #	<b>) FT</b> 675			
Electrical Contractor Information				
Description of Work <u>Wiring</u> Service Size:	Amps T-Pole: X YesNo			
MSF Electric Electrical Contractor's Company Name	919.217.9767 Telephone			
7513 Knightdale Blvd, Knightdale, NC 27545 Address	mandyk@msfelectric.com Email Address			
U.34688 License # Mechanical/HVAC Contractor Information				
Description of Work HVAC System				
Description of Work <u>HVAC System</u>				
Dolan Design	919.896.8630			
	919.896.8630 Telephone			
Dolan Design				
Dolan Design Mechanical Contractor's Company Name <u>3209 Wellington Ct Ste 107, Raleigh, NC 27615</u> Address <u>20026</u>	Telephone larry@dolandesignhvac.com			
Dolan Design Mechanical Contractor's Company Name <u>3209 Wellington Ct Ste 107, Raleigh, NC 27615</u> Address	Telephone larry@dolandesignhvac.com Email Address			
Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026 License #	Telephone larry@dolandesignhvac.com Email Address			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Poole's Plumbing	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3 <u>919.661.6334</u>			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Description of Work Plumbing	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths <u>3</u>			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Poole's Plumbing	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3 <u>919.661.6334</u>			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Poole's Plumbing   Plumbing Contractor's Company Name   200 Tinsteel Court, Garner, NC 27529   Address   21404	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3 <u>919.661.6334</u> Telephone <u>bobp@poolesplumbing.com</u>			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Poole's Plumbing   Plumbing Contractor's Company Name   200 Tinsteel Court, Garner, NC 27529   Address   21404   License #	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3 <u>919.661.6334</u> Telephone <u>bobp@poolesplumbing.com</u> Email Address			
Dolan Design   Mechanical Contractor's Company Name   3209 Wellington Ct Ste 107, Raleigh, NC 27615   Address   20026   License #   Plumbing Contractor Information   Description of Work Plumbing   Poole's Plumbing   Plumbing Contractor's Company Name   200 Tinsteel Court, Garner, NC 27529   Address   21404	Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3 <u>919.661.6334</u> Telephone <u>bobp@poolesplumbing.com</u> Email 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Robin Caparell

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

01/29/2024 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the	ne:		
General Contractor	Owner	X	_ Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	of perjury that	at the pe	erson(s), firm(s) or corporation(s) performing the work
Has three (3) or more emplo	oyees and ha	s obtain	ed workers' compensation insurance to cover them.
Has one (1) or more subcor them.	ntractors(s) ar	nd has o	btained workers' compensation insurance to cover
$\underline{X}$ Has one (1) or more subcorcovering themselves.	itractors(s) wl	ho has t	heir own policy of workers' compensation insurance
Has no more than two (2) er	mployees and	d no sub	contractors.
Department issuing the permit may	/ require certi	ficates o	ght it is understood that the Central Permitting of coverage of worker's compensation insurance prior mitted work from any person, firm or corporation
Sign w/Title: Robin Caparell / Pro	oject Coordir	nator	Date: 01/29/2024