

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: Valor Solutions LLC	Date 3/21/2024
Site Address: 691 PONDEROSA TRAIL, CAMERON NC 28326	Phone 919-669-4928
Subdivision: CAROLINA SEASONS	Lot K13
Description of Proposed Work: NEW CONSTRUCTION	Total Job Cost _\$178,200.00
General Contractor Information	
CRH Homes, LLC	919-669-4928
Building Contractor's Company Name	Telephone
3096 S. Horner BLvd #121, Sanford, NC, 27332	general@crhhomes.com
Address	Email Address
84048 HEATED SQ FT 1384 GARAGE SQ	
License #	201
Electrical Contractor Information	<u>n</u>
Description of Work NEW CONSTRUCTION Service Size:	200_Amps T-Pole: X YesNo
Ideal Electric. INC	919-323-3965
Electrical Contractor's Company Name	Telephone
PO Box 969, Farmington MI 48332	michael.frittelli@idealelec.com
Address	Email Address
27098-U License #	
Mechanical/HVAC Contractor Inform Description of Work NEW CONSTRUCTION	ation
Total Systems Heating & Cooling, INC	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 NC Hwy 210 South, Spring Lake NC 28390 Address	ap@totalsystemsnc.com
	Email Address
28846 License #	
Plumbing Contractor Information	_
D NEW CONSTRUCTION	-
77 PERCENT OF THE PER	# Baths_2
A&M Contractors, INC	910-652-6230
Plumbing Contractor's Company Name	Telephone
218 Ellerbe Hatchery Rd, Ellerbe NC 28338 Address	amc1@rsnet.org
	Email Address
28648 License #	
Insulation Contractor Information	
TruTeam - Tri-City Insulation - 3154 Camden Rd St1, Fayetteville NC 28306	
Insulation Contractor's Comment N. C. A. I.	910-486-8855
The desire of the state of the	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.

changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of		
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.		
3/21/2	2024	
Signature of Outpario		
Date		
Affidavit for Warkenia Communication		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
the undereigned applicant being the.		
General Contractor Owner X Officer/Agent of	45-0-4	
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.		
X Has and (1) or many out-		
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
covering themselves.		
Has no more than two (2) employees and no subcontractors.		
rids no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood.	d that III - C	
a special contribution of the period of the		
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: PRESIDENT/OWNI	ER Date: 3/21/2024	