

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 <u>03/01/2024</u>		
Site Address: <u>605 Serenity Walk Parkway, Fuquay-Varina, NC 27526</u>	Phone <u>919.659.1500</u>		
Subdivision: <u>Serenity</u>	Lot <u>140</u>		
Description of Proposed Work: New Single Family Dwelling	_ Total Job Cost <u>\$271,050</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_3209 GARAGE SC License #	<mark>2 FT</mark> 671		
Electrical Contractor Informatio			
	Amps T-Pole: X Yes No		
MSF Electric Electrical Contractor's Company Name	<u>919.217.9767</u> Telephone		
	•		
7513 Knightdale Blvd, Knightdale, NC 27545 Address	mandyk@msfelectric.com Email Address		
<u>U.34688</u> License #			
Mechanical/HVAC Contractor Information			
Description of Work HVAC System			
Dolan Design	919.896.8630		
Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615	919.896.8630 Telephone larry@dolandesignhvac.com		
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Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026	919.896.8630 Telephone larry@dolandesignhvac.com Email Address		
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Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026 License # Plumbing Contractor Informatio Description of Work Plumbing	919.896.8630 Telephone <u>larry@dolandesignhvac.com</u> Email Address n		
Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026 License #	<u>919.896.8630</u> Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3.5		
Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026 License # Plumbing Contractor Informatio Description of Work Plumbing Poole's Plumbing	<u>919.896.8630</u> Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths3.5 _919.661.6334		
Dolan Design Mechanical Contractor's Company Name 3209 Wellington Ct Ste 107, Raleigh, NC 27615 Address 20026 License # Plumbing Contractor Informatio Description of Work Plumbing Poole's Plumbing Plumbing Contractor's Company Name 200 Tinsteel Court, Garner, NC 27529 Address 21404	<u>919.896.8630</u> Telephone <u>larry@dolandesignhvac.com</u> Email Address <u>n</u> _# Baths_3.5 <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 Informatio Description of Work Plumbing Poole's Plumbing Plumbing Contractor's Company Name 200 Tinsteel Court, Garner, NC 27529 Address 21404 License #	919.896.8630 Telephone larry@dolandesignhvac.com Email Address # Baths 3.5 919.661.6334 Telephone bobp@poolesplumbing.com Email Address		
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*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

03/01/2024 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor	OwnerX	, Officer/Age	ent of the Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	of perjury that the	person(s), firm	(s) or corporation(s) performing the work
Has three (3) or more emplo	oyees and has obt	ained workers' o	compensation insurance to cover them.
Has one (1) or more subcon them.	tractors(s) and ha	s obtained work	ers' compensation insurance to cover
<u>X</u> Has one (1) or more subcon covering themselves.	tractors(s) who ha	is their own poli	cy of workers' compensation insurance
Has no more than two (2) er	mployees and no s	subcontractors.	
While working on the project for wh Department issuing the permit may to issuance of the permit and at any carrying out the work.	require certificate	s of coverage o	f worker's compensation insurance prior
Sign w/Title: Robin Caparell / Pro	ject Coordinator		Date: 03/01/2024