

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: CRH HOMES, LLC	Date 7-17-2024
Site Address: 783 Ponderosa Trail, Cameron	
Subdivision: Carolina Seasons	
Description of Proposed Work: New Construction	Total Job Cost \$221,361.00
General Contractor Informati	
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 1338 GARAGE	SQ FT 394
License #	
Description of Work Floatical William No.	
Description of Work <u>Electrical Wiring - New Construction</u> Service Size Ideal Electric, INC	: <u>200</u>
Electrical Contractor's Company Name	919-323-3965
2) TEX	Telephone
PO Box 969, Farmington MI 48332 Address	michael.frittelli@idealelec.com
2709-U	Email Address
License #	
Mechanical/HVAC Contractor Infor	matian
Description of Work HVAC installed - New Construction	mation
Total System Heating & Cooling, INC	
Mechanical Contractor's Company Name	910-436-3450
	Telephone
13341 NC Hwy 210 South, Spring Lake NC 28390 Address	ap@totalsystemsnc.com
	Email Address
<u>18127</u> License #	
Plumbing Contractor Information	
Description of Work Plumbing Installed - New Construction A&M Contractors, INC	# Baths2
Plumbing Contractor's Company Name	910-652-6230
	Telephone
218 Ellerbe Hatchery Rd, Ellerbe NC 28338	amc1@rsnet.org
Address	Email Address
28648 License #	
Insulation Contractor Information	on
uTeam - TriCity Insulation - 3154 Camden Rd St1, Favetteville NC 28306	
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Telephone



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.

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:	
X 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.	
X 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: President Date: 7-18-24	