

\* 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: Rockwell Property Solutions LL Site Address: 2997 Carolina Way, Sanford, NC 3	C Date 4/2/24	
Site Address: 2997 Carolina Way Sanford NC 3	7332 Phone 919906-4398	
Subdivision: <u>Caroline</u> Lakes	Lot 386	
Description of Proposed Work: Single Family Residential	Total Job Cost 260,000	
General Contractor Information		
Cimpi Construction LLC	919-607-2798	
Building Contractor's Company Name	Telephone  Johnny Ogreystonen Com  Email Address	
2513 Canonbie Lone	Johnny Ogreystonen Com	
Address	Email Address	
84589 HEATED SQ FT 3168 GARAGE SO	2 FT 443	
License # <u>Electrical Contractor Information</u>	n	
Description of Work Service Size:	26_Amps T-Pole:YesNo	
Tooltime Services	919-274-3234	
Electrical Contractor's Company Name	Telephone	
PO Box 2207 Garner, nc 27529	jm wandland, HS Ognat, Com Email Address	
Address	Email Address	
36366		
License #  Mechanical/HVAC Contractor Inform		
Description of Work 5.F.R	nation	
Description of Work	010 301 6002	
Maynor Service Company Mechanical Contractor's Company Name	919-361-6993 Telephone	
1000 Goodworth Dr. Apex, nc 27539		
Address	Email Address	
35759	Linaii Addiess	
License #		
Plumbing Contractor Information		
Description of Work St. K	_# Baths	
Francos Plumbing (Richard D white)	(250) 955-6417	
Plumbing Contractor's Company Name	Telephone	
11476 OW US GA, Spring tope, nc	tranciscout@icloud.com	
Address	Email Address	
16941 27982		
License #  Insulation Contractor Informatio	n	
Livebreen 5001 Old Poole Pol Roleich	919-453-6411	
Insulation Contractor's Company Name & Address	Telephone	
1610		

\*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.

**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

	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: 4/16/24	