

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: Garman Homes | Date3/27/2024 |
|--|---|
| Site Address: 116 Ashbrook Cove | Phone 919-830-5309 |
| Subdivision: Serenity | 144 |
| Description of Proposed Work: New Construction of SFD | |
| General Contractor Inform | |
| Garman Homes | 919-830-5309 |
| Building Contractor's Company Name | Telephone |
| 4000 Paramount Pkwy, Suite 250 Morrisville, NC 27560 | lindseyg@garmanhomes.com |
| Address | Email Address |
| 62939 HEATED SQ FT 1865 GARAG | GE SQ FT 260 |
| License # | |
| Description of Work All Electrical Work Service S | <u>mation</u> Size: <u>200</u> Amps T-Pole: <u>X</u> YesNo |
| Ogilvie Electric | |
| Electrical Contractor's Company Name | 919-622-2148 Telephone |
| _5325 Hidwell Pl Apex, NC 27539 Address | scheduling.ogilvieelectric@gmail.con Email Address |
| 17046 License # Machanical/HVAC Contractor II | nformation |
| Mechanical/HVAC Contractor In Description of Work All Mechanical Work | mormation |
| | |
| JW Ultra Air Mechanical Contractor's Company Name | 919-348-9399 Talanhana |
| | Telephone |
| Address 27604 | ultra.wlong@gmail.com Email Address |
| 18881 License # | |
| Plumbing Contractor Inform | <u>mation</u> |
| Description of Work All Plumbing Work | # Baths 2.5 |
| Titan's Plumbing | 919-615-1947 |
| Plumbing Contractor's Company Name | Telephone |
| PO Box 1045 Dunn, 28335 | business@titansplumbing.com |
| Address | Email Address |
| 34800 | |
| License # | |
| Insulation Contractor Infor | |
| Live Green, Inc. 5001 Old Poole Rd Raleigh, 27610 Insulation Contractor's Company Name & Address | 919-453-6411 Telephone |
| modiation contractors company Name & Address | i GIGDI IOLIG |

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



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.

3/27/2024

for Garman Homes

| 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: | | |
| 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 set forth in the permit: | e work | |
| Has three (3) or more employees and has obtained workers' compensation insurance to cover t | hem. | |
| Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to conthem. | over | |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurcovering themselves. | ance | |
| 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: Starts Coordinator for Garman Homes Date: 3/27/2024 | | |