

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: 74 Ashbrook Cove	Phone 919-830-5309
Subdivision: Serenity	140
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 GARAC	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.cor Email Address
17046 License #	ofown ation
Mechanical/HVAC Contractor In Description of Work All Mechanical Work	<u>ilormation</u>
JW Ultra Air	919-348-9399 Telephone
Mechanical Contractor's Company Name	Telephone
Address 3200 Lake Woodard Dr Raleigh, 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 Inform	
Live Green, Inc. 5001 Old Poole Rd Raleigh, 27610	919-453-6411
Insulation Contractor's Company Name & Address	Telephone

*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 to issuance of the permit and at any time during the permitted work from any person, firm or corporatio carrying out the work.		
Sign w/Title: Starts Coordinator for Garman Homes Date: 3/27/2024		