



Application # \_\_\_\_\_

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. 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: ALEXANDRE LUIZ ARCHIOLE Date: 05/23/24  
Site Address: 89 - JIMBER RAIL LN HOLLY SPRING Phone: 919-986-6988  
Subdivision: \_\_\_\_\_ Lot: 84  
Description of Proposed Work: NEW CONSTRUCTION Total Job Cost: \$4180.000

**General Contractor Information**

ALEXANDRE LUIZ ARCHIOLE 919-986-6988  
Building Contractor's Company Name Telephone  
2601-CAMEARON POND DR-CARL NC 27519 ARCHIOLEALEX@GMAIL.COM  
Address Email Address  
HEATED SQ FT 4760 GARAGE SQ FT 1080

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
JW ELECTRICAL CONTRACTOR 919-796-6942  
Electrical Contractor's Company Name Telephone  
7620-RCAMCT, APEX, NC, 27523  
Address Email Address  
# 233674  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_ 919-781-1789 OFFICE  
CUSTOM AIR CONDITIONING 919-524-5077 CCL  
Mechanical Contractor's Company Name Telephone  
8809-A RUNNING OAK DR, RALEIGH NC  
Address Email Address  
# 23261 CLASS 1  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work PLUMBING NEW CONSTRUCTION # Baths 5 1/2  
ALEXANDRE LUIZ ARCHIOLE 919-986-6988  
Plumbing Contractor's Company Name Telephone  
2601-CAMEARON POND DR, CARL, NC  
Address Email Address  
License # \_\_\_\_\_

**Insulation Contractor Information**

ALEXANDRE LUIZ ARCHIOLE 919-986-6988  
Insulation Contractor's Company Name & Address Telephone

\*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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

05/22/24  
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 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.

\_\_\_\_\_ 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: *[Signature]*

Date: 05/22/24