

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: Great Southern Homes Inc	Date 7-8-24	
Site Address: 19 Covey Rise Way Lillington NC	Phone 919-250-8428	
Subdivision: Griffon Pointe	Lot 13	
Description of Proposed Work: New Single Family residentia	I Total Job Cost 273,988	
General Contractor Informat		
Great Southern Homes Inc	 919-250-8428	
Building Contractor's Company Name	Telephone	
933 Old Knight Road Knightdale NC 27545	blakewhitaker@greatsouthernhomes.com	
Address	Email Address	
100027 HEATED SQ FT 1773 GARAGE	RAGE SQ FT 402	
License #		
Description of Work wire home per residential code Service Size	<u>ation</u> ze: <u>200</u> Amps T-Pole: √YesNo	
Tool Time Electric	919-422-7364	
Electrical Contractor's Company Name	Telephone	
PO Box 1347 Apex NC 27502	Brandon@tooltimeelectric.com	
Address	Email Address	
31034-I		
License #		
Mechanical/HVAC Contractor Info	<u>ormation</u>	
Description of Work Install HVAC per residential Code		
Bowman Mechanical	919-772-2759	
Mechanical Contractor's Company Name	Telephone	
145 Technical Court Garner NC 27529	nathan@bowmanmechanicalservices.com	
Address	Email Address	
34416		
License #		
Plumbing Contractor Informa		
Description of Work install plumbing per residential code	# Baths2.5	
Titan's Plumbing	919-615-1947	
Plumbing Contractor's Company Name	Telephone	
PO Box 1045 Dunn NC 28334	kvargas@titansplumbing.com	
Address	Email Address	
34800		
License #	ation.	
Insulation Contractor Informa		
Livegreen 5001 Old Poole Road Raleigh	919-453-6411 Talanhana	
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.

Blake Whitaker		7-8-24		
Signature of Owner/Contractor/Officer(s) of	of Corporation	Date		
A 46: -la.v.: 4 6 a.v. 18/ a.v.		anastian N.C.O.S.	07.44	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor Ow	vner	Officer/Agent of the Co	ntractor 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 a	and has obtained	d workers' compensatio	n 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: Blake Whitaker	Operations	Manager	Date: 7-8-24	