



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

\* Must be owner/occupier of licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Triangle Home Pros LLC Date 6/20/2024  
Site Address: 54 Timber Rail LN, Phone 919-346-1528  
Subdivision: Triangle Home Pros LLC Lot #3  
Description of Proposed Work: Build SFH Total Job Cost \$610,000

**General Contractor Information**

Triangle Home Pros LLC 919-346-1528  
Building Contractor's Company Name Telephone  
6312 Laurens LN, Fuquay Varina, NC THPHomes@gmail.com  
Address Email Address  
77019 HEATED SQ FT 3164 GARAGE SQ FT 664  
License #

**Electrical Contractor Information**

Description of Work Wire SFH Service Size: 200 Amps T-Pole:  Yes  No  
Electrical Innovators 919-279-7177  
Electrical Contractor's Company Name Telephone  
PO Box 73 Angier NC Electricbiz@hotmail.com  
Address Email Address  
L29238  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC SFH  
JC'S Heating and Air 919-552-3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephenson Holly Springs JCSHVAC@gmail.com  
Address Email Address  
H7312655  
License #

**Plumbing Contractor Information**

Description of Work Plumb SFH # Baths 3 1/2  
All-Max Plumbing 919-678-0111  
Plumbing Contractor's Company Name Telephone  
2428 Reliance Ave, Apex NC Vicky@All-Max  
Address Email Address Plumbing-com  
29022  
License #

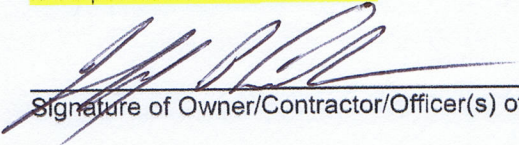
**Insulation Contractor Information**

S Stephens Building Products 919-937-8479  
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 of Owner/Contractor/Officer(s) of Corporation

6/20/2024  
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:

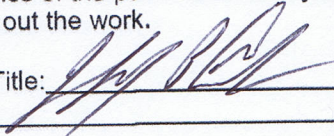
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  President Date: 6/20/2024