

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  |  | Date 6/26/2024       |
|---|--|----------------------|
| Site Address: 11 Ashbrook Cove  | Phone                                  | 919-830-5309         |
| Subdivision: Serenity   | Lot                                    | 156                  |
| Description of Proposed Work: New Construction of SFD                       | _ Total Job Cost 310,000               |                      |
| General Contractor Information  |  |                      |
| Garman Homes  | 919-830-5309                           |                      |
| Building Contractor's Company Name  | Telephone                              |                      |
| 4000 Paramount Pkwy, Suite 250 Morrisville, NC 27560 Address                | lindseyg@garmanhomes.com Email Address |                      |
| 62939 HEATED SQ FT 1942 GARAGE SC   | FT 425                                 |                      |
| License #   |  |                      |
| Description of Work All Electrical Work Service Size:                       |  | Pole: <u>x</u> YesNo |
| Ogilvie Electric  | 919-622-2148                           |                      |
| Electrical Contractor's Company Name  | Telephone                              |                      |
| 5325 Hidwell PI, Apex, NC 27539   | scheduling@ogilvieelectric@gmail.cor   |                      |
| Address   | Email Address                          |                      |
| 17046   |  |                      |
| License #  Mechanical/HVAC Contractor Inform                                | ation                                  |                      |
|   | <u>ation</u>                           |                      |
| Description of Work All Mechanical Work                                     |  | -                    |
| JW Ultra Air Heating and Cooling, LLC  Mechanical Contractor's Company Name | 919-348-9399<br>Telephone              |                      |
| 3200 Lake Woodard Dr., Raleigh, NC 27604                                    | ultra.wlong@gmail.com                  |                      |
| Address   | Email Address                          |                      |
| 18881   |  |                      |
| License #   |  |                      |
| Plumbing Contractor Information   | <u>1</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, NC 28335   | business@titansplumbing.com            |                      |
| Address   | Email Address                          |                      |
| 34800   |  |                      |
|   |  |                      |
| License #   | n                                      |                      |
|   | <u>n</u><br>919-453-6411               |                      |

\*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.

| <b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.  |  |  |
|---|--|--|
| for Garman Homes Signature of Owner/Contractor/Officer(s) of Corporation  6/26/2024  Date   |  |  |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:   |  |  |
| X 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: Starts Coordinator for Garman Homes Date: 6/26/2024   |  |  |