

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

Application # ____

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: TLM Properties of NC	a 21/ 7/
Owner's Name: [LN] Troporties of NC Site Address: 1178 Sheriff Johnson Rd Lilling Subdivision:	Date 9-27-27
Subdivision:	Phone 910-989-7092
Odbatylsioti.	Lot
Description of Proposed Work:	
General Contractor Information	
Serenity Built Homes, Inc. Building Contractor's Company Name	910-893-2462
DA Possible Land	Telephone
PO BOX 1417 Lillington NC27546 Klawr Address	ence Beapital marble creations.com
63787	Email Address
License #	
Electrical Contractor Information	
Description of Work New Service Size	ze: 200 Amps T-Pole: X Yes No
Electrical Innovators Electrical Contractor's Company Name	919-279-7177
DA Box DR A signal name	Telephone
PO Box 73 Angier NC 27501	electricbiz@hotmail.com
	Email Address
<u>La9a38</u> License #	
Mechanical/HVAC Contractor Information	
Description of Work New	
JEM Heating : AC	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd Dunn NC 28334	Janzmhvac@centurylink, not
17164	Email Address
License #	
Plumbing Contractor Information	
Description of Work New	
Jason Baretoot Plumbing	# Baths
fulfibling Contractor's Company Name	910-892-4736 Telephone
5476 Timothy R2 Dunn NC28334	
	jasonloar etoot @ yahoo. com Email Address
20694 P-1	
icense #	
Insulation Contractor Information Insulation The Sac Fayetteville Re Religh Only 271 03	
nsulation Contractor's Company Name & Address NC 27603	- 919-772-9000
NC 27603	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

9-24-24

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: Kn dcm Date: 9-24-24	