



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: HHHuntHomes Date: 5/1/24

Site Address: MAGNOLIA ACRES LN 0633-04-3544.000 Phone: 919-861-6380

Subdivision: MAGNOLIA ACRES Lot: 7

Description of Proposed Work: residential new construction Total Job Cost: 225000

General Contractor Information

HHHunt Homes 919-861-6380
Building Contractor's Company Name Telephone
1fenton main st suite 280 cary nc 27511 helatta@hhhunthomes.com
Address Email Address

66021 **HEATED SQ FT 3530** **GARAGE SQ FT 424**
License #

Electrical Contractor Information

Description of Work new construction installation Service Size: 0-200Amps T-Pole: x Yes ___ No

romanoff electrical 919-848-4652
Electrical Contractor's Company Name Telephone
8801-b creedmoor road raleigh nc 27607 kallen@romanoffgroup.cc
Address Email Address

12915-u
License #

Mechanical/HVAC Contractor Information

Description of Work new construction installation

CAROLINA AIR CONDITION CO, INC 919-876-0976
Mechanical Contractor's Company Name Telephone
360 SPECTRUM DR, SUITE 110 KNIGHTDALE NC MVT@CAROLINAAC.COM
Address Email Address

22084
License #

Plumbing Contractor Information

Description of Work new construction installation # Baths 3.5

Celeys Quality Services 919-938-1813
Plumbing Contractor's Company Name Telephone
636-6b old roberts road benson nc 27504 schedule@celeys.com
Address Email Address

32853-p1
License #

Insulation Contractor Information

TruTeam 475 n williamson blvd dayton beach fl 32114 386-304-2222
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

8/6/24

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner X 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.

 X 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:  _____ permit specialist _____ Date 8/6/2024