7 BR - Clayton-Craftsman



\*\* Revision Needed - Change Electrician\*\*

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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: <u>Harnett Central Holdings LLC</u>	<sub>Date</sub> <u>12/16/20</u> 24
Site Address: 1833 Ballard Rd, Fuquay Varina, NC 27526	
	Lot7
	_ Total Job Cost <u>\$ 241,127</u>
General Contractor Information	1
New Home Inc., LLC	(919) 422-2838
Building Contractor's Company Name	Telephone
1611 Jones Franklin Road, STE 101, Raleigh, NC 27606	rich.sherman@newhomeinc.com
Address	Email Address
82896 HEATED SQ FT 2699 GARAGE SC	<mark>2 FT468</mark>
License #	
Electrical Contractor Informatio	
JW Electrical	919-303-6100
Electrical Contractor's Company Name	Telephone
7620 Reams Court, Apex, NC 27523	jwelectric3@gmail.com
Address	Email Address
L23367	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work <u>New Single Family</u>	
A. Maynor Heating & Air Conditioning, Inc.	(919) 361-0993
Mechanical Contractor's Company Name	Telephone
100 Goodworth Drive, Apex, NC 27539	brett@maynorservices.com
Address	Email Address
12309	
License #	n
Plumbing Contractor Informatio	-
Description of Work New Single Family	
Barbour and Pourron Plumbing & Service Inc.	
· · · · · · · · · · · · · · · · · · ·	(919) 553-4455
Plumbing Contractor's Company Name	
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520	(919) 553-4455 Telephone jeromy@bpplumbing.com
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520 Address	
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520 Address 27132	(919) 553-4455 Telephone jeromy@bpplumbing.com
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520 Address	<u>(919) 553-4455</u> Telephone jeromy@bpplumbing.com Email Address
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520 Address 27132 License # Insulation Contractor Information	<u>(919) 553-4455</u> Telephone jeromy@bpplumbing.com Email Address <u>n</u>
Plumbing Contractor's Company Name PO Box 934, Clayton, NC 27520 Address 27132 License #	<u>(919) 553-4455</u> Telephone jeromy@bpplumbing.com Email Address

\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Rich Sherman

12/16/2024

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor OwnerX 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:	
<u>X</u> 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.	
$\underline{X}$ 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: Rich Sharman Manager Date: 12/16/2024	