



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: DAVIDSON HOMES, LLC Date 10/28/2024

Site Address: TBD WILD TURKEY WAY, LILLINGTON, NC 27546 Phone (252) 283-2036

Subdivision: WELLERS KNOLL Lot 68

Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL Total Job Cost \$233,590

General Contractor Information

DAVIDSON HOMES, LLC (252) 283-2036

Building Contractor's Company Name Telephone

336 JAMES RECORD ROAD HUNTSVILLE, AL 35824 ralpermitting@davidsonhomes.com

Address Email Address

80381 HEATED SQ FT 2735 GARAGE SQ FT 437

License #

Electrical Contractor Information

Description of Work NEW SINGLE FAMILY RESIDENTIAL Service Size: 200 Amps T-Pole: X Yes ___ No

TOOL TIME ELECTRIC COMPANY, INC. 919-215-9245

Electrical Contractor's Company Name Telephone

PO Box 1347 APEX, NC 27502 brandon@tooltimeelectric.com

Address Email Address

I.31034

License #

Mechanical/HVAC Contractor Information

Description of Work NEW SINGLE FAMILY RESIDENTIAL

CAROLINA AIR CONDITIONING COMPANY, INC. 919-683-2421

Mechanical Contractor's Company Name Telephone

360 SPECTRUM DR. STE 110 KNIGHTDALE, NC 27545 GGP@CAROLINAAC.COM

Address Email Address

L.22084 (CLASS 1)

License #

Plumbing Contractor Information

Description of Work NEW SINGLE FAMILY RESIDENTIAL # Baths 2.5

ALL-MAX PLUMBING 919-678-0111

Plumbing Contractor's Company Name Telephone

2428 RELIANCE AVENUE APEX, NC 27593 vicky@all-maxplumbing.com

Address Email Address

L.29022 (CLASS 1)

License #

Insulation Contractor Information

TATUM INSULATION, INC. 910-862-5958

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

10/28/2024

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:

DAVIDSON HOMES RALEIGH DIVISION PRESIDENT

Date: 10/28/2024