

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

Application for Residential Building and Trades Permit

Owner's Name: FD Raleign	Date <u>1/06/2025</u>
Site Address: 173 Grove Township Way Angier NC 27501	Phone
Subdivision: Langdon Preserve	Lot13
Description of Proposed Work: New Single Family	
General Contractor Informa	tion
Clayton Properties Group, Inc.	99-303-8525
Building Contractor's Company Name	Telephone
2521 Schieffelin Road, Suite 116, Apex, NC 27502	VBerrios@mungo.com
Address	Email Address
81396 HEATED SO FT 2519 GARAGE	SQ FT 393
License #	
Description of Work Electrical New Services Service Size	
Tool Time Services, Inc. Electrical Contractor's Company Name	919-977-1408 Telephone
447 Cleveland Crossing Dr, Suite 104, Garner, NC 7529	jimwandland.tts@gmail.com
Address	Email Address
30306	Email Address
License #	
Mechanical/HVAC Contractor Info	ormation
Description of WorkMechanical New Services	
Bowman Mechanical RDU, LLC	919-413-3159
Mechanical Contractor's Company Name	Telephone
145 Technical Court, Garner, NC 27529	nathanb@bowmanmechanicalservices.co
Address	Email Address
L34416	
License #	
Plumbing Contractor Informa	<u>ation</u>
Description of Work Plumbing New Services	# Baths3
Titan's Plumbing, LLC	919-902-0990
Plumbing Contractor's Company Name	Telephone
PO Box 1045, Dunn, NC 28335	BryanCanales@Titansplumbing.com
Address	Email Address
34800	
License #	
Insulation Contractor Information	<u>ation</u>
Insulated Building Products	919-608-8311
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

1/6/25 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: Vac for Bensis DR an leins	