

Application #

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

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: Clay	vton Properties Group, Inc.				Da	ite	1/30/2025		
	Alice Trace Place Angier NC 27501								
				Lot7					
Description of Proposed Work: New Single Family									
	General Contract								
Clayton Properties Grou			_	19-303-	8525				
Building Contractor's Company Name			Telephone						
2521 Schieffelin Road, S	Suite 116, Apex, NC 27502		VB	Berrios@	mungo.	com			
Address			Emai	I Addres	ss				
81396	HEATED SQ FT 2236	GARAGE SO	Q FT	410					
License #									
Description of Work	Electrical New Services	ctor Informatio	<u>n</u>	۸ mno	T Dolo	. V Va	aa Na		
	Electrical New Services	_ Service Size: _				. <u>^</u> Y €	esino		
Ogilvie Enterprises Inc.			919-427-8009 Talandara						
Electrical Contractor's Company Name			Telephone russello@bellsouth.net						
5325 Hidwell PL, Apex NC 27539			Email Address						
Address			Emai	i Addres	SS				
U.17046 License #	_								
Licerise #	Mechanical/HVAC Cor	ntractor Inform	ation						
Description of Work	Mechanical New Services								
			919	9-413-31	59				
Bowman Mechanical RDU, LLC Mechanical Contractor's Company Name			Telephone						
Mechanical Contractor's Company Name 145 Technical Court, Garner, NC 27529			nathanb@bowmanmechanicalservices.com						
Address	11161, 140 27329			I Addres		CCHAINC			
L34416			Lillai	i Addie:	33				
License #	_								
License #	Plumbing Contract	ctor Informatio	n						
Description of Work				hs	3				
Titan's Plumbing, LLC									
Plumbing Contractor's Company Name			919-902-0990 Telephone						
PO Box 1045, Dunn, NC 28335			BryanCanales@Titansplumbing.com						
Address				I Addres		юріанію			
34800			Liliai	i Addi C	33				
License #	-								
	Insulation Contrac	ctor Informatio	<u>n</u>						
Insulated Building Produ	' <u>-</u>		-	919-60)8-8311				
Insulation Contractor's Company Name & Address			919-608-8311 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.

Viatore Barrier.

Valor Berray	1-30-202	5
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Comp The undersigned applicant being the:	ensation N.C.G	6.S. 87-14
General Contractor x Owner	Officer/Agent of the	Contractor or Owner
Do hereby confirm under penalties of perjury that the pers set forth in the permit:	on(s), firm(s) or cor	poration(s) performing the work
X Has three (3) or more employees and has obtained	workers' compens	ation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtthem.	ained workers' com	pensation insurance to cover
X Has one (1) or more subcontractors(s) who has the covering themselves.	ir own policy of wor	kers' compensation insurance
Has no more than two (2) employees and no subco	ontractors.	
While working on the project for which this permit is sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permicarrying out the work.	coverage of worker'	s compensation insurance prior
Sign w/Title: <u>Victor Berrios</u>	Operations	Date: 1-30-2025