

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: Camb	ridge Reserve Developers, LLC			_ Date	1/31/2025
Site Address: 62 Artherton Circle Angier NC 27501			Phone		
Subdivision: Cambri	dge Reserve		Lot	39	
Description of Proposed	Work: New Single Family		_ Total Job Cost	301,228	
	General Contrac	tor Information	<u>1</u>		
Clayton Properties Grou		919-303-852	25		
Building Contractor's Co		Telephone			
2521 Schieffelin Road, Suite 116, Apex, NC 27502			VBerrios@mu	ingo.com	
Address			Email Address		
81396	HEATED SQ FT 2271	GARAGE SO	OFT 374		
License #					
	Electrical Contrac	ctor Informatio	<u>n</u>		
Description of Work	Electrical New Services	_ Service Size: _	<u>600</u> Amps T-F	Pole: XY	∍sNo
Ogilvie Enterprises Inc.			919-427-8009		
Electrical Contractor's C		Telephone			
5325 Hidwell PL, Apex N		russello@bellsouth.net			
Address		<u>.</u>	Email Address		
U.17046	_				
License #	_				
	Mechanical/HVAC Co	ntractor Inform	<u>ation</u>		
Description of Work	Mechanical New Services			_	
Bowman Mechanical RD	DU, LLC		919-413-3159		
Mechanical Contractor's		Telephone			
145 Technical Court, Ga		nathanb@bowmanmechanicalservices.com			
Address			Email Address		
L34416					
License #	=				
	Plumbing Contract	ctor Informatio	<u>n</u>		
Description of Work	Plumbing New Services		_# Baths	2.5	
Titan's Plumbing, LLC			919-902-0990		
Plumbing Contractor's Company Name			Telephone		
PO Box 1045, Dunn, N		BryanCanales@Titansplumbing.com			
Address			Email Address	•	
34800					
License #	_				
	Insulation Contra	ctor Informatio	<u>n</u>		
Insulated Building Produ			3311		
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.

Victor berrios	1-24-2025			
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Com The undersigned applicant being the:	pensation N.C.G.S. 87-14			
General Contractor Ownerx	Officer/Agent of the Contractor or Owner			
Do hereby confirm under penalties of perjury that the per set forth in the permit:	son(s), firm(s) or corporation(s) performing the work			
Has three (3) or more employees and has obtaine	d workers' compensation insurance to cover them.			
$\frac{}{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained in the subcontractors (s) and has obtained in the subcontractors (s) and has obtained in the subcontractors (s) and has obtained in the subcontractors (s).	tained workers' compensation insurance to cover			
Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance			
Has no more than two (2) employees and no subc	contractors.			
While working on the project for which this permit is soug Department issuing the permit may require certificates of to issuance of the permit and at any time during the perm carrying out the work.	coverage of worker's compensation insurance prior			
Sign w/Title: Victor berrios	Date: 1-30-2025			