



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 PermitOwner's Name: Clayton Properties Group, Inc. Date 1/9/2025Site Address: 248 Alice Trace Place Phone _____Subdivision: Langdon Preserve Lot 25Description of Proposed Work: New Single Family Total Job Cost \$302,631**General Contractor Information**Clayton Properties Group, Inc. 919-303-8525

Building Contractor's Company Name Telephone

2521 Schieffelin Road, Suite 116, Apex, NC 27502 VBerrios@mungo.com

Address Email Address

81396 HEATED SQ FT 2574 GARAGE SQ FT 431

License #

Electrical Contractor InformationDescription of Work Electrical New Services Service Size: 600 Amps T-Pole: X Yes ___ NoTool Time Services, Inc. 919-977-1408

Electrical Contractor's Company Name Telephone

447 Cleveland Crossing Dr, Suite 104, Garner, NC 7529 jimwandland.tts@gmail.com

Address Email Address

30306

License #

Mechanical/HVAC Contractor InformationDescription of Work Mechanical New ServicesBowman Mechanical RDU, LLC 919-413-3159

Mechanical Contractor's Company Name Telephone

145 Technical Court, Garner, NC 27529 nathanb@bowmanmechanicalservices.com

Address Email Address

L34416

License #

Plumbing Contractor InformationDescription of Work Plumbing New Services # Baths 2.5Titan'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 InformationInsulated 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.

3/5/2025

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 ☒ 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, fir carrying out the work

Sign w/Title: _____ Date 3/5/2025