

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: Clayton Properties Group, Inc.				Date	3/5/2025	
Site Address: 83 Sagamaroe Avenue Angier NC 27501			Phon	e		
Subdivision: Cambridge Reserve			Lot _	31		
Description of Proposed	Work: New Single Family		_ Total Job Cos	st <u>\$293,40</u>	00	
	General Contrac	tor Information	<u>1</u>			
Clayton Properties Group, Inc.			919-303-85	525		
Building Contractor's Company Name			Telephone			
2521 Schieffelin Road,		VBerrios@m	nungo.com			
Address			Email Address	3		
81396	HEATED SQ FT 2771	GARAGE SO	) FT 374			
License #			<u> </u>			
	Electrical Contract	ctor Informatio	<u>n</u>			
Description of Work	Electrical New Services	_ Service Size:	600 Amps T	-Pole: X_`	YesNo	
Ogilvie Enterprises Inc.			919-427-8009	9		
Electrical Contractor's Company Name			Telephone			
5325 Hidwell PL, Apex NC 27539			russello@bellsouth.net			
Address			Email Address	3		
U.17046						
License #	<del>-</del>					
	Mechanical/HVAC Co	ntractor Inform	<u>nation</u>			
Description of Work	Mechanical New Services					
Bowman Mechanical RD	OU, LLC		919-413-315	9		
Mechanical Contractor's Company Name			Telephone			
145 Technical Court, Garner, NC 27529			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			919-902-099			
Plumbing Contractor's Company Name		Telephone				
PO Box 1045, Dunn, NC 28335			BryanCanales@Titansplumbing.com			
Address			Email Address			
34800						
License #	_					
	Insulation Contra	ctor Informatio	<u>n</u>			
Insulated Building Produ	cts		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.

2/5/2025

Victor berrios

3/3/2023					
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 X Officer/Agent of the Contractor of	or Owner				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) p set forth in the permit:	erforming the work				
Has three (3) or more employees and has obtained workers' compensation insuran	ce to cover them.				
Has one (1) or more subcontractors(s) and has obtained workers' compensation insthem.	surance to cover				
X 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 Department issuing the permit may require certificates of coverage of worker's compensate to issuance of the permit and at any time during the permitted work from any person, firm carrying out the work.	ion insurance prior				
Sign w/Title: Date: 3	3/5/2025				