

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	ton Properties Group, Inc.		Date	3/25/2025			
Site Address: 188 A	lice Trace Place Angier NC 27501	Phone					
Subdivision: Langdor	n Preserve	Lot	28				
Description of Proposed	Work: New Single Family	_ Total Job Cost	\$305	,259			
	General Contractor Information	<u>1</u>					
Clayton Properties Grou	p, Inc.	919-303-852	5				
Building Contractor's Co	Telephone						
2521 Schieffelin Road, S	VBerrios@mungo.com						
Address		Email Address					
81396	HEATED SQ FT 2771 GARAGE SO	<b>Q FT</b> 374					
License #							
December of the second	Electrical Contractor Informatio	<u>n</u>	5.1. V V.	. NI.			
	Electrical New Services Service Size:		Pole: X Ye	sNo			
Ogilvie Enterprises Inc.	N	919-427-8009					
Electrical Contractor's C		Telephone					
5325 Hidwell PL, Apex N	C 27539	russello@bellsouth.net					
Address Email Address							
U.17046							
License #	Mechanical/HVAC Contractor Inform	nation					
Description of Work		<u>iution</u>					
Description of Work		919-413-3159	_				
Bowman Mechanical RD							
Mechanical Contractor's	•	Telephone					
145 Technical Court, Gar	rner, NC 27529	nathanb@bowmanmechanicalservices.com					
Address		Email Address					
L34416							
License #	Plumbing Contractor Informatio	n					
Description of Work	Plumbing New Services	<del></del>	3				
Description of Work	- Control of the cont	_# Baths					
Titan's Plumbing, LLC	919-902-0990 Talanhana						
Plumbing Contractor's C	Telephone						
PO Box 1045, Dunn, No	BryanCanales@Titansplumbing.com						
Address		Email Address					
34800 License #							
License #  Insulation Contractor Information							
Insulated Building Produc		<u> </u>	2244				
	Company Name & Address	919-608-8311 Telephone					
modiation Contractors C	relebrione						

\*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		3/25/2025				
Signature of Owne	r/Contractor/Officer(s) of	Corporation	Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:							
The undersigned a	pplicant being the.						
General C	ontractor Own	er X Office	er/Agent of the Co	ntractor o	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:	Victor berrio	<b>9</b> Operation	ions	_ Date:	3/25/25		