



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: Weekley Homes LLC Date 03/31/2025Site Address: 1053 Serenity Walk Pkwy, Fuquay-Varina, NC 27526 Phone 919.659.1500Subdivision: Serenity Lot 1004Description of Proposed Work: New Single Family Dwelling Total Job Cost \$246,935**General Contractor Information**

Weekley Homes LLC 919.659.1505
Building Contractor's Company Name Telephone

1111 North Post Oak Road, Houston TX 77055 ralpermits@dwhomes.com
Address Email Address

40179 **HEATED SQ FT** 2828 **GARAGE SQ FT** 617
License #

Electrical Contractor InformationDescription of Work Wiring Service Size: _____ Amps T-Pole: X Yes ___ No

MSF Electric 919.217.9767
Electrical Contractor's Company Name Telephone

7513 Knightdale Blvd, Knightdale, NC 27545 mandyk@msfelectric.com
Address Email Address

U.34688
License #

Mechanical/HVAC Contractor InformationDescription of Work HVAC System

Reliable Heating & Air (984) 301-0114
Mechanical Contractor's Company Name Telephone

530 Hinton Pond Rd., Suite 148, Knightdale, NC 27545 josh@reliableheatandair.com
Address Email Address

L.33797
License #

Plumbing Contractor InformationDescription of Work Plumbing # Baths 2.5

Poole's Plumbing 919.661.6334
Plumbing Contractor's Company Name Telephone

200 Tinstee Court, Garner, NC 27529 bobp@poolesplumbing.com
Address Email Address

21404
License #

Insulation Contractor Information

Builders Insulation 9521 Lumley Road, Suite 200, Morrisville NC 27560 919.788.9806
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.

Robin Caparell
Signature of Owner/Contractor/Officer(s) of Corporation

03/31/2025
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 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.

 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 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: Robin Caparell / Project Coordinator Date: 03/31/2025