

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	4/29/2025
Site Address: 50	Alice Trace Place Angier NC 27501	Phone	
	gdon Preserve		
Description of Propos	sed Work: New Single Family		94,707
	General Contractor Informat		
Clayton Properties G		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 #			
Description of Work	Electrical Contractor Informa Electrical New Services Service Siz	<u>tion</u> va: 600 Amns T-Pola: X V	oe No
		919-427-8009	esINU
Ogilvie Enterprises Inc. Electrical Contractor's Company Name		Telephone	
5325 Hidwell PL, Apex NC 27539		russello@bellsouth.net	
Address		Email Address	
U.17046			
License #	<del></del>		
	Mechanical/HVAC Contractor Info	<u>ormation</u>	
Description of Work _	Mechanical New Services		
Bowman Mechanical	RDU, LLC	919-413-3159	
Mechanical Contractor's Company Name		Telephone	
145 Technical Court, Garner, NC 27529		nathanb@bowmanmechanic	alservices.com
Address		Email Address	
L34416			
License #			
	Plumbing Contractor Informa	<u>ition</u>	
Description of Work _	Plumbing New Services	# Baths3	
Titan's Plumbing, LL	.C	919-902-0990	
Plumbing Contractor's Company Name PO Box 1045, Dunn, NC 28335		Telephone	
		BryanCanales@Titansplumbing.com	
Address		Email Address	
34800	<u></u>		
License #			
	Insulation Contractor Informa	ation	
Insulated Building Pro		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.

Victor berrios 4/29/2025				
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 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: Operations Date: 4/29/2025				