

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: Weekley Homes LLC	Date <u>05/01/2025</u>
Site Address: 129 Restful Pt, Fuquay-Varina, NC 27526	Phone <u>919.659.1500</u>
Subdivision: Serenity	Lot <u>1033</u>
Description of Proposed Work: New Single Family Dwelling	Total Job Cost \$175,370
General Contractor Information	<u>on</u>
Weekley Homes LLC Building Contractor's Company Name	<u>919.659.1505</u> Telephone
1111 North Post Oak Road, Houston TX 77055 Address	ralpermits@dwhomes.com Email Address
License #	SQ FT 406
Description of Work Wiring Electrical Contractor Informati	on :Amps T-Pole: X Yes No
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MSF Electric Electrical Contractor's Company Name	919.217.9767 Telephone
7513 Knightdale Blvd, Knightdale, NC 27545	mandyk@msfelectric.com
Address	Email Address
U.34688 License # Mechanical/HVAC Contractor Infor	mation
·	<u>mation</u>
Description of Work HVAC System	(004) 004 0444
Reliable Heating & Air Mechanical Contractor's Company Name	(984) 301-0114 Telephone
530 Hinton Pond Rd., Suite 148, Knightdale, NC 27545	josh@reliableheatandair.com
Address	Email Address
L.33797	
License # Plumbing Contractor Informati	on
Description of Work Plumbing	# Baths 2.5
PBI R1- LLC DBA Poole's Plumbing	919.661.6334
Plumbing Contractor's Company Name	Telephone
200 Tinsteel Court, Garner, NC 27529 Address	bobp@poolesplumbing.com Email Address
21404	
License # Insulation Contractor Informati	ion
	<u> </u>
Builders Insulation 9521 Lumley Road, Suite 200, Morrisville NC 27560 Insulation Contractor's Company Name & Address	919.788.9806 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 05/01/2025 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor OwnerX 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: 05/01/2025	