

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: HHHuntHomes	Date: 4/2/25
Site Address: 125 white MAGNOLIA LN	Phone 19-861-6380
Subdivision: MAGNOLIA ACRES	Lot: <u>34</u>
Description of Proposed Work: residential new cons	truction Total Job Cost: 225000
General Contractor Information	
HHHunt Homes Building Contractor's Company Name	919-861-6380 Telephone
1fenton main st suite 280 cary nc 27511 Address	helatta@hhhunthomes.com Email Address
<u>66021</u> License #	
Electrical Contractor Information Description of Work new construction installation Service Size: 0-200 Amps T-Pole: x Yes No	
romanoff electrical Electrical Contractor's Company Name	919-848-4652 Telephone
8801-b creedmoor road raleigh nc 27607 Address	kallen@romanoffgroup.cc Email Address
12915-u	
License #	tractor Information
Mechanical/HVAC Contractor Information	
Description of Work new construction installation	
CAROLINA AIR CONDITION CO, INC Mechanical Contractor's Company Name	919-876-0976 Telephone
360 SPECTRUM DR, SUITE 110 KNIGHTDALE NC Address	jtc@CAROLINAAC.COM Email Address
37286 License #	
Plumbing Contractor Information	
Description of Work <u>new construction installation</u>	# Baths 2.5
Celeys Quality Services Plumbing Contractor's Company Name	919-938-1813 Telephone
636-6b old roberts road benson nc 27504 Address	schedule@celeys.com Email Address
32853-p1 License #	
Insulation Contractor Information	
TruTeam 475 n williamson blvd dayton beac Insulation Contractor's Company Name & Address	h fl 32114386-304-2222
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.

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

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: permit_specialist Date 4/2/25		