

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: FD Raleigh Inc	Date <u>5/12/2025</u>
Site Address: 64 Harriette Court Lillington NC 27546	
Subdivision: Leander Lee Preserve	Lot
Description of Proposed Work: New Single Family	Total Job Cost <u>\$300,194</u>
General Contractor Informati	<u>on</u>
Clayton Properties Group, Inc.	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 2844 GARAGE	SQ FT 412
License #	
Electrical Contractor Information	tion T.D.I. V.V.
Description of Work <u>Electrical New Services</u> Service Size	
Ogilvie Enterprises Inc.	919-427-8009
Electrical Contractor's Company Name	Telephone
5325 Hidwell PL, Apex NC 27539	russello@bellsouth.net
Address	Email Address
U.17046	
License # Mechanical/HVAC Contractor Info	rmation
	<u>mation</u>
Description of Work Mechanical New Services	040 442 2450
Bowman Mechanical RDU, LLC	919-413-3159 —
Mechanical Contractor's Company Name	Telephone
145 Technical Court, Garner, NC 27529	nathanb@bowmanmechanicalservices.com
Address	Email Address
L34416	
License #	lian
Plumbing Contractor Information of Work Plumbing New Services	
Description of Work	# Baths
Titan's Plumbing, LLC	919-902-0990
Plumbing Contractor's Company Name	Telephone
PO Box 1045, Dunn, NC 28335	BryanCanales@Titansplumbing.com
Address	Email Address
34800	
License #	tion
Insulation Contractor Informa	<u>uon</u>
Insulated Building Products	919-608-8311 Table 1
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.

E 12 202E

Victor berrios

		3-12-2023
Signature of Owner/Contractor/Office	r(s) of Corporation	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.		
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	r y	Date: 5-12-2025