



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

Application # \_\_\_\_\_

Each section below to be filled out by whoever 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: TM Homes LLC Date: 5/13/25  
Site Address: 3180 Oakridge River Road Fuquay Varine Phone: 919-801-2409  
Subdivision: N/A Lot: 1  
Description of Proposed Work: New Construction Home Total Job Cost: 750-800k

**General Contractor Information**

TM Homes LLC 919-801-2409  
Building Contractor's Company Name Telephone  
13929 Old Stage Rd Willow Spring NC twomorphomesllc@gmail.com  
Address Email Address  
86895 HEATED SQ FT 2880 GARAGE SQ FT 682  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size: \_\_\_\_\_ Amps T-Pole: X Yes \_\_\_\_\_ No  
Ogilvie Electric 919-337-7633  
Electrical Contractor's Company Name Telephone  
5325 Hidwell Place Apex NC Scheduling.ogilvieelectric@gmail.com  
Address Email Address  
17046-U 27539  
License #

**Mechanical/HVAC Contractor Information**

Description of Work JW Ultra Heating & Air - HVAC  
JW Ultra Air Heating & Cooling 919-977-5346  
Mechanical Contractor's Company Name Telephone  
PO Box 785 Creedmoor NC 27522 Ultra.hughes@gmail.com  
Address Email Address  
10048-0000-18881  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 4  
Titans Plumbing LLC 919-902-0990  
Plumbing Contractor's Company Name Telephone  
PO Box 1045 Dunn NC 28335 business@titansplumbing.com  
Address Email Address  
34600  
License #

**Insulation Contractor Information**

Live green Insulation 919-453-6411  
Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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GERALDINE B. TRUSTONE

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

5/19/25  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

☒ General Contractor ☒ Owner ☐ 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:

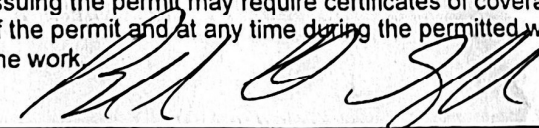
☐ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☒ 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: 

Date: 5/19/25