



Application # _____

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

* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades PermitOwner's Name: Weekley Homes LLC Date 05/20/2025Site Address: 70 Restful Pt, Fuquay-Varina, NC 27526 Phone 919.659.1500Subdivision: Serenity Lot 1054Description of Proposed Work: New Single Family Dwelling Total Job Cost \$139,815**General Contractor Information**Weekley Homes LLC 919.659.1505

Building Contractor's Company Name Telephone

1111 North Post Oak Road, Houston TX 77055 ralpermits@dwhomes.com

Address Email Address

40179 HEATED SQ FT 1593 GARAGE SQ FT 304

License #

Electrical Contractor InformationDescription of Work Wiring Service Size: _____ Amps T-Pole: X Yes ___ NoMSF Electric 919.217.9767

Electrical Contractor's Company Name Telephone

7513 Knightdale Blvd, Knightdale, NC 27545 mandyk@msfelectric.com

Address Email Address

U.34688

License #

Mechanical/HVAC Contractor InformationDescription of Work HVAC SystemReliable Heating & Air (984) 301-0114

Mechanical Contractor's Company Name Telephone

530 Hinton Pond Rd., Suite 148, Knightdale, NC 27545 josh@reliableheatandair.com

Address Email Address

L.33797

License #

Plumbing Contractor InformationDescription of Work Plumbing # Baths 2.5PBI R1- LLC DBA Poole's Plumbing 919.661.6334

Plumbing Contractor's Company Name Telephone

200 Tinsteel Court, Garner, NC 27529 bobp@poolesplumbing.com

Address Email Address

21404

License #

Insulation Contractor InformationBuilders Insulation 9521 Lumley Road, Suite 200, Morrisville NC 27560 919.788.9806

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.

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

05/20/2025
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: Robin Caparell / Project Coordinator Date: 05/20/2025