



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: 6/26/25

Site Address: 541 MAGNOLIA acres LN Phone: 919-861-6380

Subdivision: MAGNOLIA ACRES Lot: 51

Description of Proposed Work: residential new construction Total Job Cost: 225000

**General Contractor Information**

HHHunt Homes Building Contractor's Company Name Telephone 919-861-6380  
1fenton main st suite 280 cary nc 27511 Address Email Address helatta@hhhunthomes.com

66021 License # HEATED SQ FT 3390 GARAGE SQ FT 424

**Electrical Contractor Information**

Description of Work new construction installation Service Size: 0-200Amps T-Pole: x Yes    No

romanoff electrical Electrical Contractor's Company Name Telephone 919-848-4652  
8801-b creedmoor road raleigh nc 27607 Address Email Address kallen@romanoffgroup.cc

12915-u License #

**Mechanical/HVAC Contractor Information**

Description of Work new construction installation  
CAROLINA AIR CONDITION CO, INC Mechanical Contractor's Company Name Telephone 919-876-0976

504 Colchester Dr KNIGHTDALE NC Address Email Address jtc@CAROLINAAC.COM

37286 License #

**Plumbing Contractor Information**

Description of Work new construction installation # Baths 4

Celeys Quality Services Plumbing Contractor's Company Name Telephone 919-938-1813  
636-6b old roberts road benson nc 27504 Address Email Address schedule@celeys.com

32853-p1 License #

**Insulation Contractor Information**

TruTeam 475 n williamson blvd dayton beach fl 32114 386-304-2222  
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

6/26/25

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:

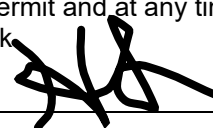
\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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:  \_\_\_\_\_ permit specialist \_\_\_\_\_ Date 6/26/25