

## RESIDENTIAL BUILDING APPLICATION

Site Address: 174 Talbert Dr. PIN: 0625-24-7016-000  
Owner: Karla Villalobos and Henry Camacho Phone: 908 248 3633 Email: hcamacho1108@yahoo.com  
Description of Proposed Work: New SFH Total Job Cost: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

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

Triangle Home Pros 919 346 1528  
General Contractor's Company Name Phone  
6312 Lauraca Ln., Fuquay Varina NC THPHOMES@gmail.com  
Address Email  
77019  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Electric New SFH Service Size: 200 Amps T-Pole: YES ☐ NO ☒  
Electrical Innovators 919 279 7177  
Electrical Contractor's Company Name Phone  
P.O. Box 73, Angier, NC Electricbiz@hotmail.com  
Address Email  
L29238  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Mechanical New SFH  
Custom Air Conditioning 919 781 1789  
Mechanical Contractor's Company Name Phone  
8809 Running Oak Dr A, Raleigh, NC Richard@customACRaleigh.com  
Address Email  
23261  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumb New SFH # of Fixtures: 2.5 baths  
Romanoff 919 678 0111  
Plumbing Contractor's Company Name Phone  
2428 Reliance Ave., Apex, NC vsnipes@romanoffgroup.cc  
Address Email  
29022  
License #

### INSULATION CONTRACTOR INFORMATION

Stephens Building Products 919 937 8479  
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer of Corporation

10/28/2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation

10/28/2025

Date