

RESIDENTIAL BUILDING APPLICATION

Site Address: 117 Mill Bend Dr, Fuquay Varina, NC 27526 PIN: 0644-56-2550

Owner: Triple A Homes Phone: 910-748-6105 Email: laura@tripleahomes.org

Description of Proposed Work: new SFD Total Job Cost: \$325,000.00

GENERAL CONTRACTOR INFORMATION

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

Triple A Homews	910-748-6105
General Contractor's Company Name	Phone
PO Box 1117, Holly Springs, NC 2540	laura@tripleahomes.org
Address	Email
76983	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Turnkey Electrical Service	Service Size: 200 Amps	T-Pole: YES ☒ NO ☐
Carolina Electric Residential	919-363-7474	
Electrical Contractor's Company Name	Phone	
510-02 Upchurch St, Apex, NC 2702	service@carolinaelectricresidential.com	
Address	Email	
19850-L		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Turnkey HVAC Services	
Maynor HVAC	919-361-0993
Mechanical Contractor's Company Name	Phone
1094 Classic Rd, Apex, NC 2739	holli@maynorhvac.com
Address	Email
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: Turkey Plumbing Services	# of Fixtures: 3
Carnell's Plumbing Inc.	919-365-6944
Plumbing Contractor's Company Name	Phone
611 Maggie Way, Zebulon, NC 27591	abcarnellplbg@bellsouth.net
Address	Email
License #	

INSULATION CONTRACTOR INFORMATION

Jimmy Stevens	919-937-8543
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.

Laura Peters

Signature of Owner/Contractor/Officer of Corporation

11/12/25

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

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.

Laura Peters

Signature of Owner/Contractor/Officer of Corporation

11/12/25

Date