



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 Permit

Owner's Name: Clayton Properties Group, Inc. Date 11/13/2025
Site Address: 91 Thomas Trail Lillington NC 27546 Phone 919-303-8525
Subdivision: Leander Lee Preserve Lot 4
Description of Proposed Work: New Single Family Total Job Cost 271,570.00

General Contractor Information

Clayton Properties Group, Inc. 919-303-8525
Building Contractor's Company Name Telephone
447 Western Lane, Irmo South Carolina 29063 VBerrios@mungo.com
Address Email Address
81396 **HEATED SQ FT** 2557 **GARAGE SQ FT** 431
License #

Electrical Contractor Information

Description of Work Electrical New Services Service Size: 600 Amps T-Pole: X Yes ___ No
Ogilvie Enterprises Inc. 919-427-8009
Electrical Contractor's Company Name Telephone
5325 Hidwell PL, Apex NC 27539 russello@bellsouth.net
Address Email Address
U.17046
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanical New Services
Bowman Mechanical RDU, LLC 919-413-3159
Mechanical Contractor's Company Name Telephone
145 Technical Court, Garner, NC 27529 nathanb@bowmanmechanicalservices.com
Address Email Address
L34416
License #

Plumbing Contractor Information

Description of Work Plumbing New Services # Baths 2.5
Titan's Plumbing, LLC 919-902-0990
Plumbing Contractor's Company Name Telephone
PO Box 1045, Dunn, NC 28335 BryanCanales@Titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Insulated Building Products 919-608-8311
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.

Victor berrios

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

11-13-2025

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

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: *Victor berrios* Date: *11-13-2025*