Buildins # 31 Unit # 3



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

ion on license.
Owner's Name: Camplell Pointe Partner LLC Date: 6/22/20
Site Address: 222 Butler Commons Drive Phone: 910 814- 4236
Subdivision: Compsell Pointe Phase TV Lot:
Description of Proposed Work: Total Job Cost: Total Job Cost:
General Contractor Information
Building Contractor's Company Name 910 814- 4236 Telephone
Building Contractor's Company Name
Address Email Address
Address Email Address
License #
Electrical Contractor Information
Description of Work Now Townhome Service Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name 719550-7391 Telephone
Electrical Contractor's Company Name Telephone
308 W Man Street (/s. for Ne)7530 STones @ W3electric. com Address Email Address
11 452- u
License #
Mechanical/HVAC Contractor Information
Description of Work New Town home (exto for I Heating + Air Inc. 910 858-0000 Mechanical Contractor's Company Name Telephone
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Description of Work New Townham Plumbing Contractor Information Description of Work New Townham # Baths Description of Work New Townham # Baths
Description of Work New Townham 710 856-0000 Mechanical Contractor's Company Name Telephone 207 W. David Pannell St. Panktow NC 28371 Chrin Certified Compail. com Address Email Address H3 (1200/2 License # Plumbing Contractor Information Description of Work New Townham # Baths 6/overs Contract Plumbing Town 919868 2959
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Description of Work New Townhame Ler to feed Heating this Inc. Mechanical Contractor's Company Name Telephone 207 W. David Pannell St. Pankton WC 28371 Chrin Certified Cgmail. com Address H3 (1200/2 License # Plumbing Contractor Information Description of Work New Townhame Flumbing Contractor's Company Name Telephone 394 Ruai Hollow San And, NC 27332 Slave plumbing inca Ralletmail
Description of Work New Tops home Les to first Heatin + Air Tax 710 858-0000 Mechanical Contractor's Company Name Telephone 207 W. Dan's Pannell St. Panton W28371 Chrin Lestified Company I. com Address H3 (1200/2 License # Plumbing Contractor Information Description of Work New Town home #Baths 6 lowers Contract Plumbing Town 919868 2959 Plumbing Contractor's Company Name Telephone 394 Rua: (Hollow San Rud, NC 27332 Slove plumbing inca Rolle that). Can Address 23160 License # Insulation Contractor Information
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Description of Work New Township True (er to feet Heatin + Air Tru Mechanical Contractor's Company Name 207 W. Dan'd Pannell St. Panton NC 28371 Chrin Certified Compail. com Address H3 (1 200/2 License # Plumbing Contractor Information Description of Work New Township True Plumbing Contractor's Company Name 394 Run: Hollow San And, NC 27332 Slave plumbing inca Rolle trail. Candense # Insulation Contractor Information Replace # Insulation Contractor Information

*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

Date 6/22/20

is as per current fee schedule.

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

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: Date: 6/22/25