

Application #

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

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

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes, Inc.		Date 10/22/2024
Site Address: 4198 Darroch Road Lillington, NC 27546	Phone	910-630-2100 ext. 204
Subdivision: Maple Hill	Lot 3	
Description of Proposed Work: New SFD	Total Job Cost _	
General Contractor Information		
<u></u>	910-630-2100	ext. 204
Building Contractor's Company Name	Telephone	
350 Wagoner Drive, Fayetteville, NC 28303	susan@weaver-homes.com	
Address	Email Address	
75971 HEATED SQ FT 1,306 GARAGE SQ I	FT N/A	
License #		
Description of Work New Residential Construction Service Size:	Amns T.D	olo: Voc No
	919-499-7767	
	Telephone	
	susan@weaver-homes.com	
	Email Address	
21643-U	Linaii 7 (daress	
License #		
Mechanical/HVAC Contractor Information	<u>tion</u>	
Description of Work New Residential Construction		
	919-895-3600	
Mechanical Contractor's Company Name Telephone		
232 Wilson Road Sanford, NC 27332 susan@weaver-hom		er-homes.com
ddress Email Address		
28280		
License #		
Plumbing Contractor Information		
	# Baths2	
Double J Plumbing	910-814-7705	
Plumbing Contractor's Company Name Telepho		
614 Byrd Rd. Bunnlevel, NC 28323 susan@		er-homes.com
	Email Address	
21649		
License #		
Insulation Contractor Information Insulation Inc.	919-770-1974	
moulation 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.

Susan Rodrigusz Signature of Owner/Contractor/Officer(s) of Corporat	10/23/2024		
Signature of Owner/Contractor/Officer(s) of Corporat	ion Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
X 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.			
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: Susan Rodrigusz Offi	ce Manager Date: 10/23/2024		