



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: Weaver Homes, Inc. Date 10/22/2024
Site Address: 4166 Darroch Road Lillington, NC 27546 Phone 910-630-2100 ext. 204
Subdivision: Maple Hill Lot 5
Description of Proposed Work: New SFD Total Job Cost _____

General Contractor Information

Weaver Homes, Inc. 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 FT** N/A
License # _____

Electrical Contractor Information

Description of Work New Residential Construction Service Size: _____ Amps T-Pole: ___ Yes ___ No
Pioneer Electric 919-499-7767
Electrical Contractor's Company Name Telephone
80 Neill Thomas Road Lillington, NC 27546 susan@weaver-homes.com
Address Email Address
21643-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Residential Construction
King Heat and Air 919-895-3600
Mechanical Contractor's Company Name Telephone
232 Wilson Road Sanford, NC 27332 susan@weaver-homes.com
Address Email Address
28280
License # _____

Plumbing Contractor Information

Description of Work New Residential Construction # Baths 2
Double J Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Rd. Bunnlevel, NC 28323 susan@weaver-homes.com
Address Email Address
21649
License # _____

Insulation Contractor Information

Insulation Inc. 919-770-1974
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.

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

10/23/2024
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: Susan Rodriguez Office Manager Date: 10/23/2024