

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

App# 07.50018802

**Application for Building and Trade Permit**

Owner's Name: H&H Constructors, Inc. Date: 3.10.08  
Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303 Phone: 910-486-4864  
Directions to job site: \_\_\_\_\_

Subdivision: FOREST OAKS Lot: 206  
Type Construction: (Please Check)  
New (x) Renovation  Addition   
Moved House  Other   
Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

Building Use: (Please Check)  
Residential (x) Modular   
Commercial  Multi-Family

**Building Permit Information**

Heated 1957 Crawl Space   
Unheated 640 Slab   
Building Construction Cost \$ 116,410<sup>00</sup>  
Acres Disturbed 0.537 Stories \_\_\_\_\_  
H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE., STE. 200 FAYETTEVILLE, NC 28303  
Building Contractor's Company Name Address  
D. [Signature] 31554 910-486-4864  
Signature of Officer(s) of Corporation License # Telephone

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: \_\_\_\_\_ Amps  
T & N Electric Corp. 910-487-5000  
Electrical Contractor's Company Name Telephone  
4341 Swindon Dr., Fay., NC 28312 25333 U  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Cooper Mechanical Contractors, Inc. 919-776-7537  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1068, Sanford, NC 27831-1068 02680  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Jason Allen Filardoau Dist JB Plumbing 910-525-5272  
Plumbing Contractor's Company Name Telephone  
2511 Farm Circle Rd., Fay., NC 28506 18745  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information Residential  Other  Not Required**

Tri City Insulation - 412 Fern St, Fay, NC 28303 910-486-2885  
Insulation Contractor's Company Name & Address Telephone

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
License Number

**Fire Alarm System Information**

\_\_\_\_\_  
Alarm Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person's Signature

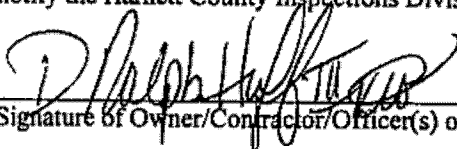
\_\_\_\_\_  
License Number

\_\_\_\_\_  
Telephone

**Driveway Access**

NC Department of Transportation Driveway Access/Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

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 if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

3.10.08  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: H&H Constructors, Inc.  
 Sign/Title: D. Ralph Huff, III President - Owner  
 Date: 3.10.08

