

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

Application for Residential Building and Trades Permit

Owner's Name H & H Constructors, Inc. Date _____
Site Address 151 Executive Drive Phone 910-486-4864
Directions to job site from Lillington Take Hwy 27 to Ders Rd., Turn Left, go about 1.5 miles, Turn Left into subdivision
Subdivisor Oakmont Lot 7
Description of Proposed Work New Single Family Dwelling # of Bedrooms 4
Heated SF 3041 Unheated SF 778 Finished Bonus Room? NO Crawl Space _____ Slab

General Contractor Information

H & H Constructors Inc. 910-486-4864
Building Contractor's Company Name Telephone
2919 Breezewood Ave, Ste 400, Fayetteville, NC 28303 marina.timmis@hhhomes.com
Address Email Address
31554-0
License #

Electrical Contractor Information

Description of Work _____ Service Size 300 Amps T-Pole Yes No
Light House Electric, NC 910-741-0370
Electrical Contractor's Company Name Telephone
PO Box 544, Swards Ferry, NC 28460 light.house.ecu@aol.com
Address Email Address
22882-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air, Inc 919-934-1060
Mechanical Contractor's Company Name Telephone
5212 US Hwy 70 Business, Clayton NC 27500 carolinacomfortair@yahoo.com
Address Email Address
29077 H-3-1
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2.5 #
Vance Johnson Plumbing Co., Inc 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pineroad, Fayetteville, NC 28306 vancejohnson@vjplumbing.com
Address Email Address
07756 P-1
License #

Insulation Contractor Information

Tri-C, Insulation, Inc., 418 Person St., Folly NC 910-486-8855
Insulation Contractor's Company Name & Address Telephone
28301

*NOTE General Contractor 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

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

2-6-12
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

Company or Name H&H Constructors, Inc

Sign w/Title Munici Tam Permitting Coordinator Date 2-6-12

Plan Box # AA9

Date 2-8-12

Job Name H:H

App # 1250028199

Valuation 232,144

SQ Feet 3573

Inspections for SFD/SFA

Crawl _____

Slab

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health _____

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____