Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # 12 50028 200

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	
4-Site Address 183 Executive Drive	Phone 910-486-4864	
Directions to job site from Lillington Take Hay 37 to Dece	Rd., Jurn Lett.	
-AD Whout I < will for text into subdivision		
Subdivision Oakment	Lot9	
Description of Proposed Work New Single Family Dwelling	# of Bedrooms 5	
Heated SF 3112 Unheated SF 693 Finished Bonus Room? 9		
General Contractor Information		
Hall Constructors in .	910-486-4864	
Building Contractor's Company Name	Telephone	
2919 Breezeroud Ave., Ste 400 Function 1/2, NO Address	VCV DATIMM COULD NOMES CON	
	Email Address	
31554-0		
License # Electrical Contractor Information	•	
Description of Work Service Size	<u>⊇∪0</u> Amps T-PoleYesNo	
Lighthouse Electric, NC	910 - 141 - 0370	
Electrical Contractor's Company Name	Telephone	
PO Box, 544, Speads Ferry, Nr. 28460	light house Recurrent Loss	
Address	Email Address	
23882-6		
License #	ation	
Mechanical/HVAC Contractor Inform	auon	
Description of Work	010 0- 010	
Caroling Confort Air, Inc	7/9-934-7060 Telephone	
Mechanical Contractor's Company Name? 5212 US HULL 70 BUSINESS, CICULTON NO 37500	relephone Ourse line a construction (for conscillor) (file	
52/2 US Fluor TO BOSINESS, CILLYTON INCORDA	Email Address	
Address	Email Address	
29077/1-3-1		
License # Plumbing Contractor Information	1	
Description of Work	# Baths 3.5	
Non a Trabacca Almadaine Co. Inc	910-424-6712	
Plumbing Contractor's Company Name	Telephone	
Plumbing Contractor's Company Name 3242 Mid Proelical, Fulleticalle, NC 28304	Email Address	
Address	Email Address	
	٢	
07756 P-1 License #	_	
Insulation Contractor Information		
IN: (L. INSUICATION . INC., 418 PEVSON St., FULL NC Insulation Contractor's Company Name & Address 38301	970 - 486 - 8855 Telephone	
Insulation Contractor's Company Name & Address	ι σισμιστίσ	

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 elluration 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

Company or Name HaH Constructors Inc

Sign w/Title Mungru / Pern. Hing With Bate 2-1-12

carrying out the work

Plan Box #	Date Job Na	2-6-12 me_ H=H
App # 12500282	00 Valuation 233	377 SQ Feet 35 92
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
No.		
Additions / Other	•••••	
Footing		
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Slab		
Mono		
Open Floor		
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