Application #

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

phone must match		
Owner's Name	Signature Home Builders, Inc	Date 3-1-12
Site Address 300	Horse Whisperer Lane	Phone (910) 890 - 9337
Directions to job site fro	om Lillington Take history 27 West	to Doi's Road. Twin left
onto Dol'3 Ro	ad and subdivision is on right, Lot	is in but-de-sac on Ho-sc
Whisperer.		
Subdivision	tter's Ridge	Lot92
Description of Propose	d Work Single Family	# of Bedrooms
Heated SF 2,800 U	nheated SF 743 Finished Bonus Room?	Crawl Space Slab _V mone
Signature t	tome Bailders, Inc.	(910) 842-9299
Building Contractor s C	Company Name	Telephone
801 W. Cun	berland St. Dum NC 28334	large eigneter home builders, l
Address	•	Email Address
49431		
License #	/ Electrical Contractor Information	on
Description of Work _	Electric Service Size	onAmps T-PoleYesNo
White +	Company, Inc.	(91-) 237-0247
Electrical Contractor's Company Name		Telephone
	Erwin NL 28339	white and loopeny Beenbergmail, 60
Address		Email Address
22907-4		
License #	Mark and all NAC Contractor lafor	
	Mechanical/HVAC Contractor Infor	
	Cerolina Confert Air Inc. (1	
	Confort Air, Inc.	(919) 333-4320 Telephone
Mechanical Contractor's Company Name		
5212 US Hypry 70 West Clayton No 27520		phillip @larolin= (onfert air . 10m
Address		Email Address
24077		
License #	Plumbing Contractor Informati	<u>ion</u>
Description of Work	LR Glove - Phunding Inc. (Plumbing)_# Baths3
IR Glover PI	umbing, Inc.	(919) 820-
Plumbing Contractor's Company Name		Telephone
	764 Benson Ne 27501	NA
Address		Email Address
07958		
License #		an an
Table	Insulation Contractor Informat	(910) 486 8855
Irium -	Company Nama & Address	Telephone
insulation Contractor 8	Company Name & Address	1 diaphone

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

hh a	3-1-12 Date
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe The undersigned applicant being the	nsation N C G S 87-14
General Contractor Owner Of	fficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the persor set forth in the permit	n(s) firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained w	vorkers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtain them	ned workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves	own policy of workers compensation insurance
Has no more than two (2) employees and no subcon	tractors
While working on the project for which this permit is sought to Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitted carrying out the work	verage of worker's compensation insurance prior
Company or Name Signature Home Builder Sign w/Title Will 7 President	s Inc
Committee Will IN Presultat	Data 3-1-12