Application # 12500 2 8538

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

Owners Name H & H Constructors, Inc.	Date
+Site Address 48 Sandburg Place	Phone <u>910-486-4864</u>
Directions to job site from Lillington Take Hwy 27 to Docs	Rd., Junilett,
-AU UNDON'T I CAMIES YOUN TERF. I WAS SUNDINISION	
THE PROPERTY OF THE PARTY OF STATE OF S	
1 0 011 0000	Lot 22
Subdivision Oakmont	
Description of Proposed Work New Single Funity Duelling	Crawl Space Slab
Heated SF 3465 Unheated SF 1202 Finished Bonus Room? 48 Crawl Space Slab	
.) . () (910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Ave., Ste 400 Fueletous He, NC	Marina timms who homes con
Address 2/303	Email Address
31554-0	
License # Electrical Contractor Information	w. 45
	<u>⊃∪0</u> Amps T-PoleYesNo
Description of Work Lighthouse Electric, NC. Service Size	910- 741-0370
Fleetrical Contractor's Company Name	Telephone
PO Box, 544. Speads Ferry, Nr. 28460	light house feru paction
Address	Email Address
23882-6	
License # Mechanical/HVAC Contractor Information	
Description of Work	919-934-1060
Mechanical Contractor's Company Name	Telephone
1 ~ 11 ~ ~ 10 0 A C (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Curolina confertair ayancon
Address	Email Address
2907711-3-1	
License #	
Plumbing Contractor Information	_# Baths3,5#
Description of Work	
Vance Johnson Plumbing (a) Inc	910-434-6713 Telephone
Plumbing Contractor's Company Name	Van johnson@ Ujslumbing.com
Plumbing Contractor's Company Name 3242 Mich Proclicad, Faute thaile, N.C. 28304 Address	Email Address
07756 P-1	
License #	
Inculation Contractor Information	
Tricity Insulation, Inc., 418 Person St., Fally NC	910-486-8655 Telephone
Insulation Contractor's Company Name & Address	Tolophono

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 Signature of Owner/Contractor/Officer(s) of Corporation Date 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 194 Longtoctors, Inc

| Perm. Hing (word) Date 3-28-12