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

Owners Name Sawy Homes, LC	Date 3 22 12
Site Address 167 Emma Ct., Linder, NC	Phone 914-781-8104
Directions to job site from Lillington From Lillington, take Huy. 210 towards Fayettevile.	
Take left at McNeill Hobbs Rd. Follow approximately 4	
Wire Rd. Kenlan Farms subdivision is located approxi	,
Subdivision Kenlan Farms	Lot _ []
Description of Proposed Work new single-family dwelling	# of Bedrooms4
Heated SF 3188 Unheated SF 409 Finished Bonus Room?	
Savy Homes, LLC	919-781-8104
Building Contractor's Company Name	Telephone
1030 Crudmor Rd., Ste. 101, Rakigh, Nr. 27412 Address	nikole@sawy.homes.com Email Address
47375	
License #	
Description of Work new SFD Electrical Contractor Information Service Size	Amps T-PoleYesNo
Raleigh Lenehart Electric Co.	919-303-6266
Electrical Contractor s Company Name	Telephone
1120 Burma Dr. , Apex , NC 27502	tigh@lanchart.com
Address 24986 - U	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New SFD	
Charles William Burgess	919-909-4435
Mechanical Contractor's Company Name	Telephone
6290 Rosalind Rd., Huntington, WV 25705	Email Address
Address	Email Address
311 57 License #	
Plumbing Contractor Information	<u>on</u>
Description of Work new SFD	# Baths21/2
Thornton's Plumbing, Inc.	# Baths 21/2 919 - 550 - 4833
Plumbing Contractor's Company Name	Telephone
3140 - A Vinson Rd., Clayton, NC 27527 Address	thorntonselumbing embagneil.com Email Address
22152	
License #	an.
Insulation Contractor Information Fosters Insulation 324 E Marchia N. Guillard at 22200	910 - 486 - 8855
Eastern Insulation 334 E. Mountain Dr. Fayetteville, Nr. 38304 Insulation Contractor's Company Name & Address	Telephone

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 3/22/12 Signature of Owner Contractor Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner General Contractor 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 ✓ 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 Production Downerts Coord. Date 3/22/12

Sign w/Title

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