12-50029567

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

	Cc 00 10
Owners Name H & H Constructors, Inc.	Date 8-2212
Site Address 279 Executive DC	Phone
Directions to job site from Lillington Take Hwy 27 to Dogs	s Rd., Jurnlett,
-go subout 1.5 wiles your Left into subdivision	1
Subdivision Oakmont	Lot
Description of Proposed Work New Single Funily Dwelling	<u>1ζ</u> # of Bedrooms <u>4</u>
Heated SF 2308 Unheated SF 597 Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Half Constructorsing.	710-496-4964 Telephone
Building Contractor's Company Name	Telephone Tom 1916/08 enhhances.com
Address Steven Fugetters // NO	
7,141,000	Email Address
31554-0	
License # Electrical Contractor Information	
	<u>.</u> <u>⊇∪∪</u> Amps T-PoleYesNo
Lighthouse Electric, NC	910- 141-0376
Flectrical Contractor's Company Name	Telephone
PO Box, 544, Speads Ferry, Nr. 28460	lian thouse tech was Lom
Address	Email Address
23882-6	
License #	
Mechanical/HVAC Contractor Information	
Description of Work	
Caroling Comfort Air. Inc	919-934-1060
Name /	Tolophono
5212 US HWY 70 BUSINESS, Clayfon NO 27520	Curolina construtainayancon
Address	Email Address
2907711-3-1	
License #	_
Plumbing Contractor Information	
Description of Work	_# Baths#
Plumbing Contractor's Company Name	910-424-6713
Plumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Name 3242 Mich Mich Mich Mich Mich Mich Mich Mich	UAN 104 NION @ VI Slum bing. (64 Email Address
Address	Lindii Addi 000
07756 P-1 License #	
Insulation Contractor Information	
Tree 1 Loculation In 418 PRISON St. FILL A)C	910 - 48 6 - 88 5 5 Telephone
Insulation Contractor's Company Name & Address 28301	Telephone
Insulation Contractor's Company Name & Address	

21.00-8

279 Executive Dr

4 810 Q1

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2398

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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.

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

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

Has three (3) or more employees 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

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Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them.

61.66.8

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