

09/09/11

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

Owner's Name Weaver Homes Date 11/5/12
Site Address 415 Juno Drive Phone 919-606-4696
Directions to job site from Lillington _____

Subdivision Tingen Pointe Lot 145
Description of Proposed Work New Construction # of Bedrooms 3
Heated SF 1677 Unheated SF _____ Finished Bonus Room? _____ Crawl Space X Slab _____

General Contractor Information

Weaver Development Co 919-606-4696
Building Contractor's Company Name Telephone
350 Waggoner Drive Fayetteville
Address Email Address
26962

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
Power Electric-Mardon Co 919-499-7767
Electrical Contractor's Company Name Telephone
80 Neil Lane Rd
Address Email Address
21643

Mechanical/HVAC Contractor Information

Description of Work Carolina Comfort ATR New Construction
Carolina Comfort ATR 919-550-7711
Mechanical Contractor's Company Name Telephone
5212 US Hwy 70
Address Email Address
29077

Plumbing Contractor Information

Description of Work New Construction # Baths 2
Jamie Johnson Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
82 Overbrook Court
Address Email Address
21649

Insulation Contractor Information

MASCO 910-237-0457
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

11/2/15
919-802-4696

Wesley House
412 2nd Drive

919-802-4696

1997
Tropen Pointe
Waver Distribution Co
300 Waver Drive Fayetteville

919-802-4696

Wesley House
412 2nd Drive Fayetteville

919-802-4696

Wesley House
412 2nd Drive Fayetteville

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Wesley House
412 2nd Drive Fayetteville

919-802-4696

Wesley House

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: _____ Date: _____

Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check) **Building Use:** (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () _____ Building Construction Cost \$ _____
Unheated SF _____ Slab () _____ Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work Electrical Work Electrical Cost \$ _____

TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: _____ Amps

Power Electric Maintenance Co, Inc. 919-499-7767
Electrical Contractor's Company Name Telephone

80 Neill Thomas Rd Lillington NC 27546 21643-U
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____

Number of Units _____ Type System _____

Carolina Comfort Air Inc. (910) 931-1060
Mechanical Contractor's Company Name Telephone

528 West Market St (Smithfield) #29077
Address N.C. 27577 License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Plumbing Cost \$ _____

Number of Baths 2

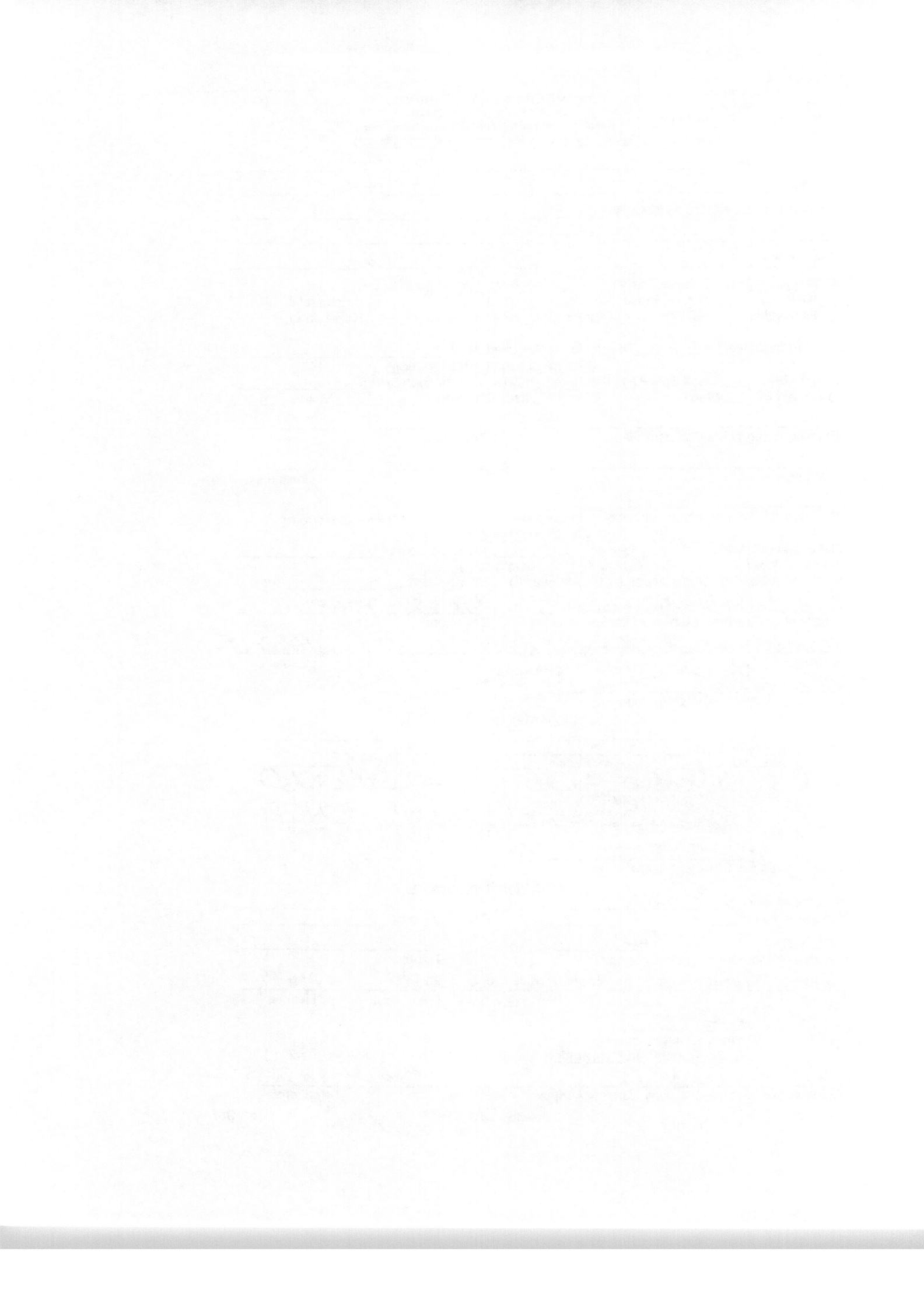
JAMIE Johnson Plumbing
Plumbing Contractor's Company Name Telephone

1490 Clark Rd Lillington, N.C. 27546 21649
Address License #

Signature of Officer(s) of Corporation

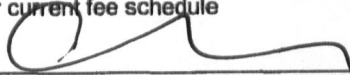
Insulation Permit Information Residential () Other () Not Required ()

Tri-City Insulation 910-486-8855
Insulation Contractor's Company Name & Address Telephone



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

11/5/12

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

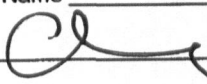
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

Company or Name Weaver Homes

Sign w/Title  Ground manager Date 11/5/12

Tingen Pointe # 145

Plan Box # A-8

Date 11-6-12

Job Name Weaver Homes

App # 12500 300 35

Valuation 137,675

SQ Feet 2119

Inspections for SFD/SFA

Crawl X

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 No

Envir. Health New Tank Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

