

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 _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Weaver Develop ment, INC _____ 910 630 2100

Building Contractor's Company Name _____ Telephone _____

350 WARGONER DRIVE Fayette, NC _____

Address _____ Email Address _____

26962 _____

License # _____

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No

J.M. Pope Electric _____ 919-776-5144

Electrical Contractor's Company Name _____ Telephone _____

409 Chatham ST. Sanford, NC _____

Address _____ Email Address _____

21326-L _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction _____

Caroline Comfort A/C _____ 919-934-1060

Mechanical Contractor's Company Name _____ Telephone _____

528 W. Market ST Smithfield, NC _____

Address _____ Email Address _____

29077 _____

License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 2

Jamie Johnson Plumbing _____ 910-814-7705

Plumbing Contractor's Company Name _____ Telephone _____

864 Byrd Road Benson, NC _____

Address _____ Email Address _____

21649 _____

License # _____

Insulation Contractor Information

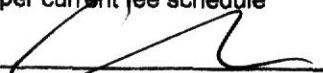
MASCO _____ 910-486-855

Insulation Contractor's Company Name & Address _____ Telephone _____

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

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

11/16/13

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

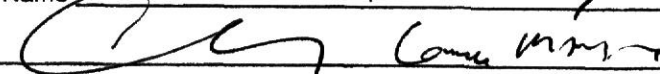
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Wover Hous

Sign w/Title  Date 11/12/13