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

	11 -0 -							
Owner's Name: HE H CONSTRUCTORS INC	Date: 11-27-13							
Site Address: Company of the Address: 163	Bison Lane Phone: 910-4810-4864							
Directions to job site from Lillington: Take Hwy 27+0	DOCS Rd, Turn							
left, go about 15 miles. Turn	left into							
Subdivision.								
Subdivision: Oakmont	Lot: <u>13</u>							
Description of Proposed Work: New Single Family	Duell# of Bedrooms: 4							
Heated SF: 3400 Unheated SF: 836 Finished Bonus Room?	V/A Crawl Space: Slab:							
General Contractor Information	10. 101.1							
HEH Constructors Inc.	910-486-4864							
Building Contractor's Company Name	Telephone							
2919 Breezewood Ave, Ste 400 Fay. Address NC 28303	meaganbradShaw Phhones							
Address ALC 28303	Email Address							
31554-U License #								
Electrical Contractor Information	n ·							
Description of Work Service Size:	Amps T-Pole:YesNo							
Lighthouse Electric INC.	910-741-0370							
	Telephone							
PO Box 544 Sneads Ferry, NC Address	lighthousetern Caol, com							
Address 28460	Email Address							
22882-L								
License #								
Mechanical/HVAC Contractor Information								
Description of Work	0.0 0.211 10/00							
Carolina Comfort Air, Inc	919-939-1000							
Mechanical Contractor's Company Name	Telephone							
5212 US HWY 70 BUS. Clayton NC	Carolina comfortair Pyahos, Co Email Address							
Address 37530	Email Address							
License # Plumbing Contractor Information								
Description of Work	# Baths 5. 5							
Vance Johnson Plumbing Co, Inc	C10-424-6712							
Plumbing Contractor's Company Name	Telephone							
3242 mid Pine Rd. Fay. NC 28306	vanjohnson@ujplumbing.com							
Address	Email Address							
07756 P-1								
License #								
Insulation Contractor Information	on was used ODEE							
Insulation Contractor Information Tricity Insulation INC 418 PersonSt. Insulation Contractor's Company Name & Address Facy NC 28301	910-486-8855							
Insulation Contractor's Company Name & Address Faul VC	Telephone							
28301								

*NOTE: General Contractor / owner 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.

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Signature of O	whe	rlo	entre	cto	r/Offic	er(s) of	Corporation	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: HE H Constructors, Inc.					
Sign w/Title: 1-27-13					

LiensNC

Appointment of Lien Agent

Entry Number: 72711

Filed by: meaganbradshaw

Payment Amount: \$25.00

Filing Date: 12/02/2013

Online: www.liensnc.com
Address: 19 W Hargett St, Suite 507 / Raleigh, NC 27601

Email: support@liensnc.com

First American Title Insurance Company

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

Designated Lien Agent

Owner Information

H&H Constructors, Inc.

2919 Breezewood Avenue Ste.400

Fayetteville NC 28303

910-486-4864

meaganbradshaw@hhhomes.com

Project Property

OKM137 Lot 137 Oakmont

163 BISON LANE

Lillington NC 27546

Property Type: 1-2 Family Dwelling Date First Furnished: 01/31/2013