

09/09/11

Application #

37733

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 New Construction # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Weaver Development, Inc 919-606-4696
Building Contractor's Company Name Telephone
350 Wagoner Dr. Fayetteville, NC 29303
Address Email Address
26962
License #

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole X Yes ___ No ___
JM Pope Electric 910-890-1060
Electrical Contractor's Company Name Telephone
409 Chatham St. Sanford, NC 27330
Address Email Address
21326
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Central Air, Inc. 919-398-4281
Mechanical Contractor's Company Name Telephone
POB 175 For Oaks, NC 27524
Address Email Address
28699
License #

Plumbing Contractor Information

Description of Work New Construction # Baths _____
Janie Johnson Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Rd. Bunnlevel, NC 28323
Address Email Address
21649
License #

Insulation Contractor Information

Insulation, Inc. 919-770-1974
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

Date

10/18/14

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 Development, Inc

Sign w/Title [Signature]

Date 10/18/14