

* 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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # BYESZUUH-U039
EVESZUUH-0025
PYESZUUH-0010

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes, Inc.	Date: 04/28/2020
Site Address: 5126 Spring Hill Church Rd Lillington, NC 2	7546 Phone: 910.630.2100
Subdivision: N/A	Lot: N/A
Description of Proposed Work: New Pole Barn	Total Job Cost: \$18,000
General Contractor Info	rmation
Weaver Homes, Inc	910.630.2100
Building Contractor's Company Name	Telephone
350 Wagoner Dr Fayetteville, NC 28303	cdb1971@gmail.com
Address	Email Address
75971	
License #	
Electrical Contractor Info	
Description of Work New Construction Service	
Pioneer Electric	919.499.7767
Electrical Contractor's Company Name	Telephone
80 Neill Thomas Rd Lillington, NC 27546	cdb1971@gmail.com
Address	Email Address
21643-U	
License #	
Mechanical/HVAC Contractor	Information
Description of Work	
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Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Info	rmation
Description of Work New Construction	_# Baths
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Road Bunnlevel, NC 28323	
Address	Email Address
21649	
License #	
Insulation Contractor Info	rmation
Insulation Inc	919-770-1974
Insulation Contractor's Company Name & Address	Telephone

*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 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.

Hroman

Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X 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.
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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.
Sign w/Title: Wallan tu G. Alvone - Administrative Date: 14/28/20