



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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: H&H Constructors of Fayetteville, LLC. Date: 10/3/18
Site Address: TRD Athfield Run Phone: _____
Subdivision: Manor @ Lexington Plantation Lot: 636
Description of Proposed Work: New Single Family Residential

General Contractor Information

H&H Constructors of Fayetteville, LLC. 910-486-4864
Building Contractor's Company Name Telephone
2919 Breezewood Ave. Ste. 400 Fayetteville, NC 28303 Stacysimmons@hhhomes.com
Address Email Address
74158
License #

Electrical Contractor Information

Description of Work Single Family Electric Service Size: 200 Amps T-Pole: Yes No
JM Pope Electric, Inc. 919-776-5144
Electrical Contractor's Company Name Telephone
409 Chatham Street Sanford, NC 27330 Electricpope@windstream.net
Address Email Address
21326
License #

Mechanical/HVAC Contractor Information

Description of Work Single Family HVAC
Carolina comfort Air, Inc. 910-891-1239
Mechanical Contractor's Company Name Telephone
703 N. Clinton Ave. Dunn, NC 28334 Carolinacomfortair@yahoo.com
Address Email Address
29077 H-3-1
License #

Plumbing Contractor Information

Description of Work Single Family Plumbing # Baths 2.5
Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name Telephone
PO Box 65048/ 620 Gillespie St. Fay. NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
32886 P-1
License #

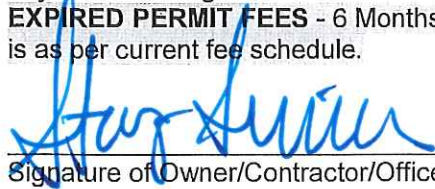
Insulation Contractor Information

Tricity Insulation Inc. 418 Person St. Fay. NC 28301 910-486-8855
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 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

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.

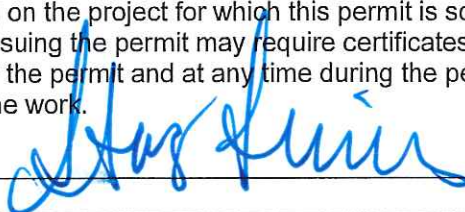
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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.

Sign w/Title:



Date:

