

Application # \_\_\_\_\_ Harnett County Central Permitting

\* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: H&H Constructors of Fayetteville, LLC.	Date: 2/24/U
Site Address: 105 Wildlife Bridge Cout	Phone: 910-486-486
Subdivision: Anderson Creek Crossing	Lot: /20
Description of Proposed Work: New Single Family Residential	V-1/A-M/I
General Contractor Info	<u>ormation</u>
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 #	5 A.
Description of Work Single Family Electric Servi	<del>rormation</del> ce Size: <u>200   </u> Amps  T-Pole: <mark>⊠</mark> Yes <mark> </mark> 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 Contracto	or 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 Int	and the same
Description of Work Single Family Plumbing	# Baths 25
Vance Johnson Plumbing, Inc.	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 Mid Pine Road Fayettevill, NC 28306	Vanjohnson@vjplumbing.com
Address	Email Address
07756-P-1	
License #  Insulation Contractor Inf	formation
Tricity Insulation Inc. 418 Person St. Fay. NC 28301	910-486-8855
Insulation Contractor's Company Name & Address	Telephone
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\*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 <a href="by-signing-below-I have obtained all subcontractors">by-signing-below-I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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.

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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 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: 32419	