

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 \* Each section below to be filled out by whomever performing work. 910-893-7525 Fax 910-893-2793 www.harnett.org/permits Must be owner or licensed contractor. Address, company

## Application for Residential Building and Trades Permit

Application # \_\_\_\_\_

| & phone must match                                     | Application for Residential Building a | and trades remit                 |
|--|--|----------------------------------|
| ation on license.                                      | Constructors of Favetteville, LLC      | Date: 3/28/19                    |
| Owner's Name: $\frac{\square \alpha \square}{\square}$ | Constructors of Fayetteville, LLC.     | Phone: 910-486-486               |
| Site Address: 432 Pittfield Run                        |  | Lot: <u>652</u>                  |
| Subdivision: Manor @ Lexington Plantation              |  | Lot: <u> </u>                    |
| Description of Propose                                 | ed Work: New Single Family Residential |                                  |
|  | General Contractor Infor               | *                                |
| 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 Info             | rmation                          |
| Description of Work Single Family Electric Service S   |  | e Size: 200 Amps T-Pole: XYes 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 S                                  | 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 Info               | ermation                         |
|  |  | # Baths 3                        |
| Description of Work Single Family Plumbing             |  | 910-429-9939                     |
| Dell HairePlumbing                                     |  | Telephone                        |
| Plumbing Contractor's Company Name                     |  | dellhaireplumbing@hotmail.com    |
| PO Box 65048/ 620 Gillespie St. Fay. NC 28306          |  | Email Address                    |
| Address  |  | Ellidii Addiess                  |
| 32886 P-1  |  |                                  |
| License #  | Insulation Contractor Info             | ormation                         |
| 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.                         |         |
|---|---------|
| H. Shin   | 3/28/19 |
| 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: 3/28/19 |  |  |