



Application SF D1906-0012

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 WEAVER HOMES INC Date: _____
Site Address 80 TREASURE DRIVE Phone: 919-606-4696
Subdivision: SOUTH CREEK Lot: 27
Description of Proposed Work: New Construction

General Contractor Information

Weaver Homes, Inc 9419-606-4696
Building Contractor's Company Name Telephone
350 Wagoner Drive Fayetteville, NC 28303 cdb1971@gmail.com
Address Email Address
75971
License # _____

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work New Construction
Mainstream Mechanical 919-291-0450
Mechanical Contractor's Company Name Telephone
412 Lazy Branch Drive Benson, NC 27504 919-291-0450
Address Email Address
31005
License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths _____
Double J Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Road Bunlevel, 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 / 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 - 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

3/17/19

 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: _____