

* 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	۱#	
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Harnett County Central Permitting 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: 12 28 9
Site Address: 68 Old Montage Way	Phone: <u>9(0-48ს-48ს</u> 4
Subdivision: Manor @ Lexington Plantation	Lot: 73Y
Description of Proposed Work: New Single Family Residential	
General Contractor Informatio	n
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 #	
<u>Electrical Contractor Information</u> Description of Work <u>Single Family Electric</u> Service Size:	<u>200 </u>
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 Inform	<u>nation</u>
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
32825	
License #	
Plumbing Contractor Information	
Description of Work Single Family Plumbing	_# Baths
Plumbing Contractor's Company Name	_ 910-819-1705
	Telephone
619 Byrd Rd. Bunnlevel, NC 28323	H 10 11
Address	Email Address
21449 License #	
Insulation Contractor Information	on
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.



EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is a per current fee schedule.

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

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/Tithe try Mus Office Coordinator Date: 12/28/19			