

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: H&H Constructors of Fayetteville, LLC. Date: 1-9-2020

Site Address: 423 Timber Skip Drive Phone: 910-486-4864

Directions to job site from Lillington: Hwy 27 to Nursery Road, Turn left, follow to Ray Road, turn left and follow to Anderson Creek Drive.

Subdivision: Anderson Creek Club Crossing Lot: 68

Description of Proposed Work: SFD # of Bedrooms: 5

Heated SF: 3212 Unheated SF: 611 Finished Bonus Room? _____ Crawl Space: _____ Slab: ✓ Slab

General Contractor Information

H&H Constructors of Fayetteville, LLC. 910-486-4864
 Building Contractor's Company Name Telephone

2919 Breezewood Avenue Ste. 400, Fay, NC 28303
 Address

stacysimmons@hhhomes.com
 Email Address

74158
 License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: X Yes _____ No

JM Pope Electric LLC. 919-776-5144
 Electrical Contractor's Company Name Telephone

409 Chatham Street Sanford, NC 27330
 Address

electricpope@windstream.net.com
 Email Address

21326
 License #

Mechanical/HVAC Contractor Information

Description of Work _____

Carolina Comfort Air, Inc. 919-934-1060
 Mechanical Contractor's Company Name Telephone

5212 US Hwy 70 Business, Clayton, NC 27520
 Address

carolinacomfortair@yahoo.com
 Email Address

29077
 License #

Plumbing Contractor Information

Description of Work _____ # Baths 4.5

Double J Plumbing, LLC 910-814-7705
 Plumbing Contractor's Company Name Telephone

614 Byrd Rd. Bunnlevel, NC 28323
 Address

JamieJohnsonPlumbing@gmail.com
 Email Address

21649
 License #

Insulation Contractor Information

Tri-City Insulation 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.

Hayden

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

1-9-2020

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:

Hayden / Office Coordinator

Date:

1-9-2020