

Application # \_\_\_\_

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

## Application for Residential Building and Trades Permit

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Owner's Name: H&H Constructors of Fayetteville, LLC.	Date:
Site Address: 43 Old Montague Way	Phone: <u>911-486-48</u> 1
Subdivision: Manor @ Lexington Plantation	Lot: 728
Description of Proposed Work: New Single Family Residential	
General Contractor Info	<u>rmation</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 #	
Electrical Contractor Info	<u>ormation</u> e Size: <u>200</u> Amps  T-Pole: ∑Yes
	e Size. <u>200 _</u> Amps _1-Fole. <u>IN</u> 1es <u>I</u> IN 919-776-5144
JM Pope Electric, Inc.	Telephone
Electrical Contractor's Company Name	Electricpope@windstream.net
409 Chatham Street Sanford, NC 27330	Email Address
Address	Elliali Address
21326 License #	
Mechanical/HVAC Contractor	r 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
32825	
License #	
Plumbing Contractor Info	ormation
Description of Work Single Family Plumbing	#Baths 25
Double J Plumbing UC	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Rd. Bunnlevel, NC 28323	
Address	Email Address
21649	
License #	
Insulation Contractor Info	<u>ormation</u>
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 per current fee schedule.

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

1/18/2020 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	
Sign w/Title Courdinator Date. (5) 2020	