

Application #	

* 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. 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

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Owner's Name:	Weaver Homes, Inc.	Date: <u>४ -</u> ს - <u>მ</u> იგი
Site Address: 820	Christian Light Rd.	Phone: 919.410.5473
Subdivision:	11tz Farm	Lot: 1
Description of Propose	ed Work: New SFD	Total Job Cost:
	General Contractor Information	<u>on</u>
Weaver Homes, Inc	c	910.630.2100
Building Contractor's (·	Telephone
350 Wagoner Dr Fay	etteville, NC 28303	cdb1971@gmail.com
Address	· · · · · · · · · · · · · · · · · · ·	Email Address
75971		
License #	Floatrical Canturates Informati	
Description of Work	Electrical Contractor Informati New Construction Service Size	<u>on</u> : <u>_200_</u> Amps T-Pole: <u>X_</u> YesNo
Pioneer Electric	33.00	919-499-7767
Electrical Contractor's	Company Name	Telephone
80 Neill Thomas Rd L	illinaton NC 27546	cdb1971@gmail.com
Address		Email Address
21643-U License #	_	
Licelise #	Mechanical/HVAC Contractor Infor	mation
Description of Work	New Construction	
Carolina Co	march -Air	919-550-7711
Caronna CD		Telephone
JOS North (linton Ave. Dunn NC 28334	cdb1971@gmail.com
Address	in la 12 loc., Edini, AC 88227	Email Address
29077		
License #	_	
	Plumbing Contractor Information	<u>on</u>
Description of Work	New Construction	# Baths
Double J Plumbing		910-814-7705
Plumbing Contractor's	Company Name	Telephone
614 Byrd Road Bunr	nlevel, NC 28323	
Address		Email Address
21649	_	
License #	Inquiation Contractor Informatic	
Industrial Control	Insulation Contractor Information	
Insulation Inc	Company Name & Address	919-770-1974 Talanhana
madiation Contractor S	Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots • new growth



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 hermission to obtain these permits and if <a href="main-any-englishments-below-I have obtained all subcontractors-bermission to obtain these permits-and if <a href="main-any-englishments-below-I have obtained all subcontractors-bermission to obtain these permits-and if any-englishments-below-I have obtained all subcontractors-bermission to obtain these permits-and if any-englishments-below-I have obtained all subcontractors-below-I have obtained all subcontractors-bermission to obtain these permits-and if any-englishments-below-I have obtained all subcontractors-below-I have obtained all subcontractors-below-below-I have obtai

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.

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

8/6/2

Date

ACCIDING FOR MICH.		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
X General ContractorOwnerOfficer/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.		
X 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:		



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Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes, Inc.	
Site Address: 768 Manie Unhurch Rd.	Phone: 919.410.5473
Subdivision: Stephenson Farm	Lot: 1
Description of Proposed Work: New SFD	Total Job Cost:
General Contractor Information	<u></u>
Weaver Homes, Inc	910.630.2100
Building Contractor's Company Name	Telephone
350 Wagoner Dr Fayetteville, NC 28303	cdb1971@gmail.com
Address	Email Address
75971	
License #	
Description of Work New Construction Service Size	
	: <u>200</u> Amps T-Pole: X Yes No
Pioneer Electric Electrical Contractor's Company Name	919-499-7767 Talanhana
	Telephone
80 Neill Thomas Rd Lillington, NC 27546 Address	cdb1971@gmail.com
	Email Address
21643-U License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New Construction	- Indian
	010 550
Carolina Comfort Air	<u> 119-550-1711</u>
Jos Malla Clini Am D. Ma Mazzil	Telephone
703 North Clinton Ave., Dunn, NC 28334 Address	_cdb1971@gmail.com
-JQC-7-7	Email Address
License #	
Plumbing Contractor Informati	<u>on</u>
Description of Work New Construction	# Baths
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Road Bunnlevel, NC 28323	
Address	Email Address
21649	
License #	
Insulation Contractor Informati	<u>on</u>
Insulation Inc	919-770-1974
Insulation Contractor's Company Name & Address	Telephone



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.

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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.

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:		
X 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.		
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
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Sign w/Title: Date: 8/6/27		



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910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Date; <u>\range </u>
rch Rd. Phone: 919.410.5473
Lot: 3
Total Job Cost:
ctor Information
910.630,2100
Telephone
cdb1971@gmail.com
Email Address
actor Information
Service Size:200_Amps T-Pole: _X_YesNo
919-499-7767 Talanhara
Telephone
cdb1971@gmail.com
Email Address
ontractor Information
010 550
919-550-7711
Telephone
Email Address
actor Information
Baths
910-814-7705 Telephone
releptione
Email Address
Littali Addi 635
,
actor Information
919-770-1974
Telephone



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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/Title:



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Application for Residential Building and Trades Permit

ion on license.		•
Owner's Name:	Weaver Homes, Inc.	Date: <u>🞖 - ७ - ೩೦</u> ೩೦
Site Address: 856	Mamie Upchurch Ro	d. Phone: 919.410.5473
Subdivision: Step	henson Farm'	Lot: 5
Description of Proposed	d Work: New SFD	Total Job Cost:
	General Contractor Information	<u>on</u>
Weaver Homes, Inc		910.630.2100
Building Contractor's Co	ompany Name	Telephone
350 Wagoner Dr Faye	tteville, NC 28303	cdb1971@gmail.com
Address		Email Address
75971		
License #		
Description of Mark	Electrical Contractor Informati	
Description of Work N	New Construction Service Size	: <u>200</u> Amps T-Pole: X Yes No
Pioneer Electric		919-499-7767
Electrical Contractor's C	company Name	Telephone
80 Neill Thomas Rd Lill	lington, NC 27546	cdb1971@gmail.com
Address		Email Address
21643-U	-	
License #	Mechanical/HVAC Contractor Infor	na ati an
		<u>mation</u>
Description of Work	New Construction	
<u> arolina (ion</u>	ntort Hir	<u> 919-550-7711</u>
¬ - 11 Δ1	1 1 1 1 1 1 1 1 1	Telephone
	nton Ave. Dunn, NC 28334	cdb1971@gmail.com
Address	, ,	Email Address
<u>940 11 </u>	-	
License #		
_	Plumbing Contractor Information	
Description of WorkN	lew Construction	# Baths
Double J Plumbing		910-814-7705
Plumbing Contractor's C	company Name	Telephone
614 Byrd Road Bunnle	evel, NC 28323	
Address		Email Address
21649		
License #		
	Insulation Contractor Informati	<u>on</u>
Insulation Inc	:	919-770-1974
Insulation Contractor's C	company Name & Address	Telephone



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S/6/2

Date

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-		
X 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:		
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Application for Residential Building and Trades Permit

Wayyar Haman Ina	0
	Date: <u>8-6-20</u> 20
O Spring Hill Church Ro	Phone: 919.410.5473
N/A J	Lot: n/a
d Work: New SFD	Total Job Cost:
General Contractor Information	on_
	910.630.2100
ompany Name	Telephone
etteville, NC 28303	cdb1971@gmail.com
	Email Address
<u>.</u>	
Service Size	:
2 amulani Nama	919-499-7767
	Telephone
llington, NC 27546	cdb1971@gmail.com
	Email Address
_	
Mechanical/HVAC Contractor Infor	mation
	<u>mation</u>
New Constituction	010 ===
Mort Hir	<u> 1177 - OCC - P1P</u>
110 00001	Telephone
Into Ave., Dunn, NC 28334	cdb1971@gmail.com
	Email Address
-	
Plumbing Contractor Informati	on
	# Baths
vew oblisti detion	
Company Name	910-814-7705 Telephone
	reiephone
level, NC 28323	Email Address
	Email Address
-	
Insulation Contractor Informati	on
	919-770-1974
Company Name & Address	Telephone
	Mechanical/HVAC Contractor Information Mechanical/HVAC Contractor Information Mechanical/HVAC Contractor Information New Construction Plumbing Contractor Information New Construction Company Name Level. NC 28323 Insulation Contractor Information



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