



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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC Date: 4/1/2020

Site Address: 232 Old Montague Way Phone: 910-486-4864

Subdivision: Manor at Lexington Plantation Lot: 706

Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL

General Contractor Information

<u>H&H CONSTRUCTORS OF FAYETTEVILLE, LLC</u>	<u>910-486-4864</u>
Building Contractor's Company Name	Telephone
<u>2919 BREEZEWOOD AVE. STE 400 FAY. NC 28303</u>	<u>stacysimmons@hhhomes.com</u>
Address	Email Address
<u>74158</u>	
License #	

Electrical Contractor Information

Description of Work <u>SINGLE FAMILY ELECTRIC</u> Service Size: <u>200</u> Amps T-Pole: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>JM POPE ELECTRIC, INC.</u>	<u>919-776-5144</u>
Electrical Contractor's Company Name	Telephone
<u>409 CHATHAM ST. SANFORD, NC 27330</u>	<u>electricpope@windstream.net</u>
Address	Email Address
<u>21326</u>	
License #	

Mechanical/HVAC Contractor Information

Description of Work <u>SINGLE FAMILY HVAC</u>	
<u>CAROLINA COMFORT AIR, INC.</u>	<u>919-934-1060</u>
Mechanical Contractor's Company Name	Telephone
<u>5212 US HWY 70 BUSINESS CLAYTON, NC 27520</u>	<u>carolinacomfortair@yahoo.com</u>
Address	Email Address
<u>29077</u>	
License #	

Plumbing Contractor Information

Description of Work <u>SINGLE FAMILY PLUMBING</u>	# Baths <u>3</u>
<u>DELL HAIRE PLUMBING</u>	<u>910-424-6712</u>
Plumbing Contractor's Company Name	Telephone
<u>PO BOX 65048, 620 GILLESPIE ST. FAY., NC 28306</u>	<u>DELLHAIREPLUMBING@HOTI</u>
Address	Email Address
<u>32886P-1</u>	
License #	

Insulation Contractor Information

<u>TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301</u>	<u>910-486-8855</u>
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.

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

4/1/2020
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: *[Signature] / Permit Coordinator* Date: 4/1/2020