



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: Weaver Homes, Inc. Date: 05/07/2020

Site Address: 5210 Spring Hill Church Rd Phone: 910.630.2100

Subdivision: _____ Lot: _____

Description of Proposed Work: New SFD Total Job Cost: _____

General Contractor Information

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 #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
JM Pope Electrical 910-890-1060
Electrical Contractor's Company Name Telephone
409 Chatham St Sanford, NC 27330 cdb1971@gmail.com
Address Email Address
21326
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Mainstream Mechanical 919-291-0450
Mechanical Contractor's Company Name Telephone
412 Lazy Branch Drive Benson, NC 28323 cdb1971@gmail.com
Address Email Address
31005
License #

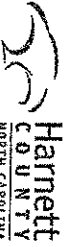
Plumbing Contractor Information

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 Information

Insulation Inc 919-770-1974
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: 60 Months in 2 years permit's issue fee \$50.00 After 2 years reissue fee \$100.00
 Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 05/07/20

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 subcontractor(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] _____ Date: 05/07/20