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

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

Owners Name Floyd Properties and Development	Date
Site Address 153 Education Drive Spring Take, NC	28390 Phone (910) 423-6700
Directions to job site from Lillington	
Subdivision Anderson Creek	Lot 1096
Description of Proposed Work New Construction	# of Bedrooms
Heated SF 3406 Unheated SF 525 Finished Bonus Room?	Crawl Space Slab
Floyd Properties and Development Building Contractor's Company Name	(910) 423-6700 Telephone
901 Arsenal Avenue, Fayetteville, NC 28305 Address	Email Address
74172_ License #	
Description of Work New Construction Service Size	<u>n</u> 200_Amps T-Pole <u>√</u> YesNo
Buford Electric. Electrical Contractor's Company Name	(910) 818 - 0994 Telephone
2978 Gillespie Street, Fagetteville, NC 28306	Email Address
31424-0 License #	
Mechanical/HVAC Contractor Information	
Description of Work New Construction	
Chacco, Inc. Mechanical Contractor's Company Name	(916) 237-0779 Telephone
1910 Pamabee Drive, Fayetteville, NC 28301 Address	Chacco Gembarg mail.com Email Address
PH 2-3, 15108 License #	
Plumbing Contractor Information	1 1
Description of Work New Construction	_# Baths
Vance Johnson Plumbing Plumbing Contractor's Company Name	(910) 424-6712 Telephone
P.O. Dox 64307, Fayetteville, NC 28306 Address	e blanchard @viplumbing.com Email Address
NC 7756	
License # Insulation Contractor Information	
A-1 Insulation - Po Box 180, Hope Mills, NC 28348 Insulation Contractor's Company Name & Address	(96) 429-2990 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 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 5/12/20 Signature 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

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

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance

Sign W/Title Construction coordinator- Januta Richard Date 5/12/20

Has no more than two (2) employees and no subcontractors