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

mone must match	0.1
Owner's Name: H&H Constructors of Fayetteville, LLC.	Date: 9/1/2020
Site Address: 549 Falls Week Drive	Phone: 910-486-4864
Directions to job site from Lillington: Hwy 27 to Nursery Road, Turn	left, follow to Ray Road, turn left and
follow to Anderson Creek Drive.	
	100
Subdivision: Anderson Creek Crossing	Lot:
Description of Proposed Work: SFD	
Heated SF: <u>1434</u> Unheated SF: <u>641</u> Finished Bonus Room? <u>General Contractor Information</u>	
H&H Constructors of Fayetteville, LLC.	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Avenue Ste.400,Fay, NC 28303 Address	stacysimmons@hhhomes.com Email Address
74158	
License # Electrical Contractor Informa	ation
	Amps T-Pole:X_YesNo
JM Pope Electric LLC.	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford, NC 27330 Address	<u>electricpope@windstream.net.com</u> Email Address
21326	
License # Mechanical/HVAC Contractor Info	ormation
Description of Work Residential	<u></u>
Carolina Comfort Air,Inc.	919-934-1060
Mechanical Contractor's Company Name	Telephone
5212 US Hwy 70 Business, Clayton, NC 27520 Address	carolinacomfortair@yahoo.com Email Address
29077	
License #	
Plumbing Contractor Informa	
Description of Work Residential # B	aths
Vance Johnson Plumbing Co., Inc. Plumbing Contractor's Company Name	910-424-6712 Telephone
3242 Mid Pine Dr. Fayetteville, NC 28306	etoepfer@vjplumbing.com
Address	Email Address
07756-P-I	
License # Insulation Contractor Information	ation_
Tri-City Insulation 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 bysigning 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 of Owner/Contractor/Officer(s) of Corporation

9/9/2120 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: Date: 9/9/2120	