

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/occupier 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: 1/4/2021
Site Address: 208 School Side Drive	Phone: 910-486-4864
Subdivision: Anderson Creek Academy	Lot: 1128
Description of Proposed Work: SFD	Total Job Cost:
General Contractor Information	1
H&H Constructors of Fayetteville, LLC.	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Ave Ste.400 Fay, NC 28303	KaylaManore@HHHomes.com
Address	Email Address
	OFT 404
License #	
Description of Work Residential Service Size:	
JM Pope Electric LLC.	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford, NC 27330	electricpope@windstream.net.com
Address	Email Address
21326	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work Residential	040,004,4000
Carolina Comfort Air, Inc.	919-934-1060
Mechanical Contractor's Company Name	Telephone
5212 US Hwy 70 Business, Clayton, NC 27520	carolinacomfortair@yahoo.com
Address	Email Address
29077	
License # Plumbing Contractor Information	on
Description of Work Residential	# Baths 3
Vance Johnson Plumbing Co., Inc.	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 Mid Pine Dr. Fayetteville, NC. 28306	etoepfer@vjplumbing.com
Address	Email Address
07756-P-I	
License #	
Insulation Contractor Information	
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.



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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner 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: 1/4/2021	