



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: Weaver Homes Inc Date: 2/17/21
Site Address: 18 Freeman Lane/ driveway is going to be on Cool Spring Church Road Phone: 910-630-2100 ext 204
Subdivision: 185 Cool Spring Church Road Lot: _____
Description of Proposed Work: New Single Family home Total Job Cost: 125000

General Contractor Information

Weaver Homes Inc 910-630-2100 ext 204
Building Contractor's Company Name Telephone
350 Wagoner Drive tammy@weaver-homes.com
Address Email Address
75971 HEATED SQ FT 1434 GARAGE SQ FT 232
License # _____

Electrical Contractor Information

Description of Work New Single Family home Service Size: 200 Amps T-Pole: Yes No
Pioneer Electric
Electrical Contractor's Company Name Telephone
80 Neill Thomas Rd Lillington NC 27546
Address Email Address
29077
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Single Family home
Carolina Comfort Air 910-339-2374
Mechanical Contractor's Company Name Telephone
703 N Clinton Ave dunn NC 28334
Address Email Address
29077
License # _____

Plumbing Contractor Information

Description of Work New Single Family home # Baths 2.5
Double J Plumbing co 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 - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Tammy Green

2/17/21

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

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: _____

Tammy Green

Date: 2/17/21