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 Permi

a priorie mast materi	Trades remine
Owners Name Stephen West / Jan Fer S	<u>Date 9-27-21</u>
Site Address 2886 Hillmon Grove Rd. Comer	CON Phone 919-824-7427
Directions to job site from Lillington	Priorie TPT-824-2427
Subdivision	
Description of Proposed Work NEW SFD	Lot
Heated SF 3536Unheated SF 493 Finished Bonus Room?	# of Bedrooms
General Contractor Informati	Crawl Space Slab
Ked Door Homes	910-585-5895
Building Contractor's Company Name	Telephone
4002 FareHaville Rd Raeford, NC 28376	brake or redommenc com
Address	Email Address
License #	
Electroni Control 1 4	lon.
Description of Work Name Struce Size	HO Amps T-Pole Yes No
-JM MJ Electron	919-476-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St. Sanford NC 27330 Address	majeralpape 74 Comail.com
213210	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work New SFD	
Certified Heating + Air	910-818-0600
Mechanical Contractor's Company Name	Telephone
P.O. Box 1071 Hopemills, NC 78348	Email Address
H2(1-700)	Email Address
License #	
Plumbing Contractor Information	
Description of Work New SFD	#Baths 3.5
Titans Plumbing	919-1015-1947
Plumbing Contractor's Company Name	Telephone
HO Box 1045 Dunn, NC 28335	business@Hitansplumbing.
34800	Email Address
license #	
Insulation Contractor Information	
'umberland Insulation	910-484-7118
nsulation Contractor's Company Name & Address	Telephone
4205 Clinton Rd. Fayeteville: No	

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 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 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 Company or Name Sign w/Title