

Application #

\* 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. 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

Owner's Name: WBB Enterprises LCC	Date: 03-10-2002
Site Address: 5/73 Spring Hill Church Rd Lillington	4
Subdivision:	Lot: 3
Description of Proposed Work: New Home Construction	Total Job Cost: 20,000.00
General Contractor Information	
Buchanan Roding & outlering Inc.	910-354-5000
Building Contractor's Company Name	Telephone
Address they Spring Lake ME 28590	Inclu@buchararroofing.com Email Address
HEATED SQ FL 2340 GARAGE SI	Q FT '
Electrical Contractor Information	<u>n</u>
Description of Work New Home Bectical Service Size:	
Harmon's Electric & Home Improvements Inc. Electrical Contractor's Company Name	919-498-4321 Telephone
3/164 Poplar Springs Church Kd Sandord NE 273	
Address	Email Address
432547	
License #	
Mechanical/HVAC Contractor Inform	
Description of Work New/ Indall 21/2 ton Heat Pur	1100 GO 17
Tom Nash Contracting LLL	919-438-9817
Mechanical Contractor's Company Name	Telephone I. nach. 11 c@gmail.com
3432 Twe Sprint St. Raleigh, NC 27610 Address	Email Address
343 33	Ellian reduced
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work New Construction Plumbing	# Baths
Wagner Plumbing Inc.	910-890-2299
Plumbing Contractor's Company Name	Telephone
POBOX 604 Mamers NC 27552	Washerplumbing Q yahoo con
31576	Email Address
License #	
Insulation Contractor Information	on and the core
Tri - City Insulation Insulation Comractor's Company Name & Address	910-486-8855
Insulation Contractor's Company Name & Address	Telephone
334 East Maintain Drive Fayetteville, NC 0830Le Fayetteville, NC 0830Le	
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.

EXPIDED DEDMIT EEES 6 Months to 2 years narmit ratissus fee is \$150.00. After 2 years ratissus fee

Signature of Owner/Contractor/O	fficer(s) of Corpora	tion Date
	DI N . X	
		Compensation N.C.G.S. 87-14
The undersigned applicant being	the:	
General Contractor	Owner	Officer/Agent of the Contractor or Owner
set forth in the permit:		e person(s), firm(s) or corporation(s) performing the work stained workers' compensation insurance to cover them.
Has one (1) or more subcohem.	ontractors(s) and h	as obtained workers' compensation insurance to cover
Has one (1) or more subcovering themselves.	ontractors(s) who h	has their own policy of workers' compensation insurance
Has no more than two (2)	employees and no	subcontractors.
		al carrier to the contract and the carrier to the c
Department issuing the permit m	ay require certificat any time during the	sought it is understood that the Central Permitting fees of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation