

* Each section below to be filled out by whomever performing work. Must be owner 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

<u>Application for Residential Building and Trades Permit</u>

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Owner's Name:	Weaver Homes, Inc.	Date.	06/07/2021	
Site Address: 4923	Barbecue Church Rd	Phone: 1-919-	·410-5473	
Subdivision: n/a		Lot: 2		
Description of Proposed	Work: New SFD	Total Job Cost: 120,00)0	
General Contractor Information				
Weaver Homes, Inc			910.630.2100	
Building Contractor's Co	ompany Name	Telephone	Telephone	
350 Wagoner Dr Fayet	teville, NC 28303	cdb1971@gmail.com	cdb1971@gmail.com	
Address		Email Address		
75971	_	sqft <u>1328</u> garage <u>246</u>		
License #				
Description of Work N		<u>Contractor Information</u> Service Size: _200_Amps T-Pole: X	Yes No	
JM Pope Electrical		040 000 2055	10010	
Electrical Contractor's C			 Telephone	
409 Chatham St Sanfor		'	samantha@weaver-homes.com	
Address	u, 140 27 330	Email Address		
21326				
License #	-			
		AC Contractor Information		
Description of Work	New Construction			
Mainstream Mechanica		919-291-0450	919-291-0450	
Mechanical Contractor's	Company Name	Telephone	Telephone	
412 Lazy Branch Drive	Benson, NC 28323	cdb1971@gmail.com		
Address		Email Address		
31005	_			
License # Plumbing Contractor Information				
December of Mode.	-			
	New Construction			
Double J Plumbing	Name Name -	910-814-7705		
Plumbing Contractor's C		Telephone		
614 Byrd Road Bunnl	evel, NC 28323	Email Address		
Address 21649		Email Address		
License #	-			
Insulation Contractor Information				
Insulation Inc		919-770-1974		
	Company Name & Addres			

*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.

Samantha B. Grossman	06/07/2021			
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:				
X General Contractor Owner Office	er/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.				
X 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: Samantha B. Grossman	Date: 04/21/2021			