

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	Date:
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	Phone: 910-486-4864
Subdivision: Oakmont	Lot: <u>79</u>
Description of Proposed Work: SFD	Total Job Cost: <u>133,387</u>
General Contractor Info	rmation
H&H Constructors of Fayetteville, Inc	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Ave Suite 400, Fayetteville NC 28303	tamaragreen@hhhomes.com
Address	Email Address
74158 HEATED SQ FT 2256 GAR	AGE SQ FT 399
License #	
Electrical Contractor Info	ormation
	e Size: 200 Amps T-Pole: X Yes No
JM Pope Electrical LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St Sanford NC 27330	electricpope@windstream.net
Address	Email Address
21326 License #	
Mechanical/HVAC Contractor Information	
Description of Work Residential	
Certified Heating and Air	910-858-1129
Mechanical Contractor's Company Name	Telephone
207 W David Parnell St Parkton NC 28371	Тоюрноне
Address	Email Address
20012	
License #	
Plumbing Contractor Information	
Description of Work Residential	# Baths
Vance Johnson Plumbing Co	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 Mid Pine Drive Fayetteville NC 28306	etoepfer@vjplumbing.com
Address	Email Address
07756-P1	
License #	
Insulation Contractor Information	
Tri-City Insulation 418 Person St Fayetteville 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.



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.

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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 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X General Contractor Owner X 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:	
X 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: Date:	