

Application #	

* 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

Application for Residential Building and Trades Permit

Owner's Name:	Weaver Homes, Inc.	Samantha Grossma	n _{Da}	_{tte:} 07/01/2021	
	4934 Barbecue Church Rd Phone:				
Subdivision: n/a		ecac ondicitiva		4	
Description of Propose	Now CED		Total Job Cost: 12	20,000	
	General (Contractor Information			
Weaver Homes, Inc		_	910.630.2100		
Building Contractor's Company Name			Telephone		
350 Wagoner Dr Fayetteville, NC 28303			cdb1971@gmail.com		
Address			Email Address		
75971		SQF	sqft_1328 garage_246_		
License #	_				
Daniel Caraction		Contractor Information	A T.D.I.	Y .v	
•	New Construction	Service Size: _2	· ·	: _^_YesNo	
JM Pope Electrical			910-890-3655		
Electrical Contractor's Company Name			Telephone		
409 Chatham St Sanford, NC 27330			samantha@weaver-homes.com		
Address		E	Email Address		
21326	<u> </u>				
License #	Machanical/U	VAC Contractor Informat	ion		
	·	VAC CONTRACTOR INFORMAL	<u>1011</u>		
Description of Work	New Construction				
Mainstream Mechanic			919-291-0450		
Mechanical Contractor	's Company Name	7	Telephone		
412 Lazy Branch Drive Benson, NC 28323			cdb1971@gmail.com		
Address		E	mail Address		
31005	<u> </u>				
License #	DI 11				
		Contractor Information			
Description of Work	New Construction		Baths 2.5		
Double J Plumbing 910-814-7705					
Plumbing Contractor's Company Name		7	Telephone		
614 Byrd Road Bunr	nlevel, NC 28323				
Address		E	Email Address		
21649	<u></u>				
License #					
	<u>Insulation</u>	Contractor Information			
Insulation Inc			919-770-1974		
Insulation Contractor's Company Name & Address		ess 7	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.

Date

07/01/2021

Samantha B. Grossman
Signature of Owner/Contractor/Officer(s) of Corporation

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