

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: 5/17/2021	
Site Address: 542 Countryside Drive, Lillington	Phone: 910-486-4864	
Subdivision: Oakmont		
Description of Proposed Work: SFD	Total Job Cost: 181,282	
General Contractor Informa		
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 3437 GARAGE	SQ FT 483	
License #		
Electrical Contractor Informa	ation	
	ze: <u>200 </u> Amps T-Pole: <u> </u>	
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 Inf	<u>ormation</u>	
Description of Work Residential		
Carolina Comfort Air, Inc.	919-934-1060	
Mechanical Contractor's Company Name Telephone		
5212 US Hwy 70 Business Clayton NC 27520 carolinacomfortair@y		
Address	Email Address	
29077		
License #		
Plumbing Contractor Information	ation_	
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 Inform		
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.

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.

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Tammy Signature of Owner/Contra	Green ctor/Officer(s) of Corporation	5/17/2021 Date	-
Affic The undersigned applicant		ensation N.C.G.S. 87-14	
X General Contracto	r OwnerX	Officer/Agent of the Contractor or Owne	er
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 mor	e employees and has obtained	I workers' compensation insurance to co	over them.
Has one (1) or more them.	subcontractors(s) and has obt	ained workers' compensation insurance	to cover
X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
Has no more than tw	vo (2) employees and no subco	ontractors.	
Department issuing the per	mit may require certificates of o	nt it is understood that the Central Permi coverage of worker's compensation insu tted work from any person, firm or corpo	ırance prior
Sign w/Title	Tammy Green	Date: 5/17/20)21