

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:		
Site Address: TBD Bunting Drive Lillington NC 27546 Phone: 910-4			
Subdivision: Oakmont Lot: 121			
Description of Proposed Work: SFD	Total Job Cost:184,977		
General Contractor Informa	ation		
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 2513 GARAG	E SQ FT 425		
License #			
Electrical Contractor Inform	ation		
	ize: <u>200</u> Amps T-Pole: <u>X</u> YesNo		
JM Pope Electrical LLC	919-776-5144 Talanhana		
Electrical Contractor's Company Name	Telephone		
409 Chatham St Sanford NC 27330 Address	electricpope@windstream.net Email Address		
21326	Email Address		
License #			
Mechanical/HVAC Contractor In	<u>formation</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@yahoo.com		
Address	Email Address		
29077			
License #			
Plumbing Contractor Inform	<u>iation</u>		
Description of Work Residential	# Baths 2.5		
Titan Plumbing Company	910-904-1652		
Plumbing Contractor's Company Name	Telephone		
526 Swift Creek Road Raeford NC			
Address	Email Address		
22085			
License #			
Insulation Contractor Inform			
Tri-City Insulation 418 Person St Fayetteville NC 28301	910-486-8855 Talanhana		
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 Green Signature of Owner/Contractor/Officer(s) of Corporation		7/9/2021 Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
X General Contra	actor Owner	<u>X</u> 0	fficer/Agent of the Cont	ractor (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:	Tammy (areen		Date:	7/9/2021	