

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

## Application for Residential Building and Trades Permit

n on license.				
Owner's Name:H&H CON	NSTRUCTORS OF FAYETTEVILLE		Date: 6	6/17/21
Site Address: 305 Bunting Drive Lillington NC 27546		Phone	910-48	6-4864
Subdivision: Oakmont		Lot:	127	
Description of Proposed Work:	SFD	Total Job Cost:	184977	,
	General Contractor Inform	nation		
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 2418 GARAG	GE SQ FT 425		
License #				
Description of Work <u>Resident</u>	Electrical Contractor Infor	<u>mation</u> Size: <u>200</u> Amps  T-F	Dolo: X V	/00
		919-776-5144		
JM Pope Electrical LLC Electrical Contractor's Compar	av Name			
	•	Telephone		
409 Chatham St Sanford NC 27330		electricpope@windstream.net Email Address		
Address				
Address 21326				
21326				
	Mechanical/HVAC Contractor I			
21326 License #				
21326 License # Description of Work <u>Resident</u>			-	
21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc.	ial	nformation	-	
21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc. Mechanical Contractor's Comp	bany Name	nformation 919-934-1060 Telephone		100.CO
21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc.	bany Name	<u>nformation</u> 919-934-1060		100.00
21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc. Mechanical Contractor's Comp 5212 US Hwy 70 Business C	bany Name	nformation 919-934-1060 Telephone carolinacomfo		100.00
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21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc. Mechanical Contractor's Comp 5212 US Hwy 70 Business C Address 29077	ial Dany Name Clayton NC 27520 Plumbing Contractor Infor	nformation 919-934-1060 Telephone carolinacomfor Email Address		100.00
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21326 License # Description of Work <u>Resident</u> Carolina Comfort Air, Inc. Mechanical Contractor's Comp 5212 US Hwy 70 Business C Address 29077 License # Description of Work <u>Residen</u>	tial Dany Name Clayton NC 27520 Plumbing Contractor Infor tial	nformation 919-934-1060 Telephone carolinacomfor Email Address mation # Baths 2.5	rtair@yah	<u>100.co</u>
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\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

 Tammy Green

 Signature of Owner/Contractor/Officer(s) of Corporation

6/17/21 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.

<u>X</u> 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 Green	Date: 6/17/21	
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