Change in mechancials 12/8/21



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 or licensed contractor. Address, company name & phone must match information on license.

## Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes, Inc.	Date: <u>07/19/2021</u>
Site Address: 1934 Josie Williams Rd	Phone: 919-410-5473
Subdivision: Williams Farm	Lot: 3B
Description of Proposed Work:New Residential Construction	Total Job Cost: \$120,000
General Contractor Information	
Weaver Homes, Inc	919.410.5473
Building Contractor's Company Name	Telephone
350 Wagoner Dr Fayetteville, NC 28303	samantha@weaver-homes.com
Address	Email Address
75971 HEAT	TED SQ FT_2389 GARAGE SQ FT_746
License #	
Description of Work New Construction Service Size: 2	200_Amps T-Pole: X YesNo
Pioneer Electric	919.499.7767
	Telephone
80 Neill Thomas Rd Lillington, NC 27546	samantha@weaver-homes.com
	Email Address
21643-U	
License #	
Mechanical/HVAC Contractor Information	tion
Description of Work New Construction	
Carolina Confort	919.550.711
	Telephone
5212, U.S. HWY 70 Clayton, NC	samantha@weaver-homes.com
Address	Email Address
31589	
License #	
Plumbing Contractor Information	
Description of Work New Construction	# Baths2.5
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Road Bunnlevel, NC 28323	samantha@weaver-homes.com
	Email Address
21649	
License # Insulation Contractor Information	
Insulation Inc	010 770 1074
	919-770-1974 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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

07/19/2021

Date

Samantha B. Grossman

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

	_						
		Affidavit fo	or Work	cer's Compe	nsation N.C.G	.S. 87-14	
The ur	ndersigned ap	oplicant being the	e:				
X	_ General Co	ontractor	Owne	er Of	ficer/Agent of the	Contractor or Owner	
Do hei	eby confirm i	under penalties o	of perjury	that the person	(s), firm(s) or corp	poration(s) performing the work	K
	Has three (3	or more emplo	yees and	has obtained w	orkers' compensa	ation insurance to cover them.	
them.	Has one (1)	or more subcont	ractors(s	) and has obtain	ed workers' comp	pensation insurance to cover	
X coverir	Has one (1) ong themselves	or more subcont	ractors(s	) who has their o	own policy of work	xers' compensation insurance	
	Has no more	than two (2) em	ployees	and no subconti	ractors.		
Depart to issua	ment issuing	the permit may i ermit and at any	equire ce	ertificates of cov	erage of worker's	at the Central Permitting compensation insurance prior erson, firm or corporation	et.
Sign w	/Title:	Samanti	ha B.	Grossman	ı	Date: 07/19/2021	