

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

on on license.		
Owner's Name: H&H CONSTRUCTORS OF FAYETTEVILLE	Date: 7/20/2021	
Site Address: TBD Executive Drive Lillington NC 27546	Phone:910-486-4864	
Subdivision: Oakmont	Lot: 171	
Description of Proposed Work: SFD	Total Job Cost:234200	
General Contractor Inform	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 24 <u>1</u> 8 G <mark>ARAGE</mark>	SQ FT_ 660	
License #		
Description of Work Residential Service S	<u>nation</u> Size: <u>200</u> Amps T-Pole: <u> × </u> Yes	
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		
Mechanical/HVAC Contractor I	nformation	
Description of Work Residential		
Certified Heating and Air	910-858-1129	
Mechanical Contractor's Company Name	Telephone	
207 W David Parnell St Parkton NC 28371		
Address	Email Address	
20012 License #		
Plumbing Contractor Inform		
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 28376	·	
Address	Email Address	
22085		
License #		
Insulation Contractor Inform	mation_	
Tri-City Insulation 418 Person St Fayetteville NC 28301	910-486-8855	
Theory insulation 4101 closen of 1 ayetteville No 20001	010 100 0000	

*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.

 Замму Green

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

7/20/2021 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

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 Green Date	e: 7/20/2021
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