

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: 07/27/2021
Site Address: TBD Bunting Drive Lillington NC 27546	Phone: 910-486-4864
Subdivision: Oakmont	Lot: 128
Description of Proposed Work: SFD	Total Job Cost:230,166
General Contractor Informa	ition
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 3480 GARAGE	SQ FT 473
License #	
Electrical Contractor Inform	ation
	ze: 200 Amps T-Pole: X Yes No
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	formation
Description of Work Residential	<u>ormation</u>
	040 024 4000
Carolina Comfort Air, Inc.	919-934-1060 Talanhana
Mechanical Contractor's Company Name	Telephone
5212 US Hwy 70 Business Clayton NC 27520 Address	carolinacomfortair@yahoo.com Email Address
	Email Address
29077 License #	
Plumbing Contractor Inform	ation
Description of Work Residential	# Baths3.5
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	<u>ation</u>
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.



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 7/27/2021 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: 7/27/2021	