

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

on on icense.	
Owner's Name: Weaver Homes, Inc.	Date: <u>07/22/2021</u>
Site Address:123 West Park Lane	Phone: 919-410-5473
Subdivision: West Park	Lot: _3
Description of Proposed Work: New Residential Construction	on Total Job Cost: \$120,000
General Contractor Infor	
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	HEATED SQ F1 1295 G. ARAGE SQ FT 215
License #	
Description of Work New Construction Service	i rmation e Size: <u>200</u> Amps T-Pole: X_YesNo
Section 1	919.499.7767
Pioneer Electric Electrical Contractor's Company Name	Telephone
80 Neill Thomas Rd Lillington, NC 27546	samantha@weaver-homes.com
Address	Email Address
21643-U License #	
Mechanical/HVAC Contractor	Information
Description of Work New Construction	
Mainstream Mechanical	919-291-0450
Mechanical Contractor's Company Name	Telephone
412 Lazy Branch Dr Benson, NC 28323	samantha@weaver-homes.com
Address	Email Address
31005	
License #	
Plumbing Contractor Info	
Description of Work New Construction	# Baths2
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Road Bunnlevel, NC 28323	samantha@weaver-homes.com
Address	Email Address
21649	
License #	alian
Insulation Contractor Info	9 9 × == 4
Insulation Inc	919-770-1974 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.

07/22/2021

Date

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

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X General Contractor Owner Owner 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:	
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:Date: 07/22/2021	