

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: 7/20/2021	
Site Address: 216 Bunting Drive	Phone: 910-486-4864	
Subdivision: Oakmont	Lot:117	
Description of Proposed Work: SFD	Total Job Cost:177,963	
General Contractor Informa		
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 2246 GARAG	E SQ FT 655	
License #		
Electrical Contractor Inform	ation	
	ize: <u>200 </u> Amps T-Pole: <u> </u>	
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 In:	formation	
·	iorniauon	
Description of Work Residential	040 004 4000	
Carolina Comfort Air, Inc.	919-934-1060	
Mechanical Contractor's Company Name	Telephone	
5212 US Hwy 70 Business Clayton NC 27520	carolinacomfortair@yahoo.com	
Address	Email Address	
29077		
License # Plumbing Contractor Inform	ation	
Description of Work Residential	# Baths	
Titan's 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	nation	
Tri-City Insulation 418 Person St Fayetteville NC 28301	910-486-8855	
Insulation Contractor's Company Name & Address	Telephone	
modiation contractor a company Name a Address	i diopitotio	

*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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Tammu Green	7/20/2021		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compens	sation N.C.G.S. 87-14		
The undersigned applicant being the:			
X General Contractor Owner X Office	er/Agent of the Contractor or 0	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 wor	kers' 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	/20/2021	