

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:	
Site Address: 216 Bunting Drive	Phone: 910-486-4864	
Subdivision: Oakmont	4.4-	
	Total Job Cost:177,963	
General Contractor Information		
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 GARAGE SC	<mark>Q FT</mark> 655	
License #		
Description of Work Residential Electrical Contractor Information Service Size:	<u>n </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 Inform	nation_	
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	Email Address	
License #		
Plumbing Contractor Information		
Description of Work Residential		
Titan's Plumbing Company	910-904-1652	
Plumbing Contractor's Company Name	Telephone	
526 Swift Creek Road, Raeford NC 28376	Тобрионо	
Address	Email Address	
22085		
License #		
Insulation Contractor Information	<u>on</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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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 Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work.	rage of worker's compensatior	n insurance prior	
Sign w/Title: Tammy Green	Date:7	/20/2021	