VENDOR CHANGE ELECTRIC

* Each section below to be filled out



Application # _____

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

mever performing work. e owner/occupier or licensed ctor. Address, company & phone must match ation on license.	910-893-7525 Fax 910-893-2793 www.har Application for Residential Building a		
	J H&H CONSTRUCTORS OF FAYETTEVILLE	Date: 8/10/20	
Site Address: 37 Glenmont Creek Place		Phone: 910-486-486	
Subdivision: William Farm		Lot: 37	
Description of Proposed Work: SFD		Total Job Cost: 210,636	
	General Contractor Inform	<u>ation</u>	
H&H Constructors o	f Fayetteville, Inc	910-486-4864	
Building Contractor's C	Telephone		
2919 Breezewood Ave Suite 400, Fayetteville NC 28303		tamaragreen@hhhomes.com	
Address		Email Address	
74158	HEATED SQ FT_2872GARAG	SE SQ FT 652	
License #	_		
Description of Work	Electrical Contractor Inform	<u>ation</u> ze: ^{_200} Amps T-Pole: ^{XX} Yes No	
Description of Work Residential Service S Lighthouse Electric NC Inc		910-803-0290	
Electrical Contractor's Company Name		Telephone	
P.O. Box 2206, Surf City NC 28445		lighthousetravis@aol.com	
Address		Email Address	
L22882			
License #			
	Mechanical/HVAC Contractor	Information	
Description of Wo	ork Residential		
Certified Heatin		910-858-1129	
Mechanical Contractor's Company Name		Telephone	
	Parnell St Parkton NC 28371		
Address		Email Address	
20012 License #			
	Plumbing Contractor Inform		
Description of Work F		# Baths ⁴	
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 Infor		
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.



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.

Tammy Green

8/10/2021 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:	8/10/2021
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