

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: 8/10	
Site Address: 37 Glenmont Creek Place	Phone: 910-486-4864
Subdivision: William Farm	_
	Total Job Cost: _ 210,636
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 2872 GARAG	E SQ FT 652
License #	
Description of Work Residential Electrical Contractor Inform Service S	<u>nation</u> size: 200 Amps T-Pole: ^X Yes No
	919-776-5144
JM Pope Electrical LLC Electrical Contractor's Company Name	Telephone
409 Chatham St Sanford NC 27330	electricpope@windstream.net
Address	Email Address
21326	Email / Idal 655
License,#	
Mechanical/HVAC Contractor II	ntormation
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	- "AII
Address	Email Address
20012 License #	
LICETISE #	
Plumbing Contractor Inform	<u>nation</u>
Description of Work Residential	# Baths4
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 #	nation
Insulation Contractor Inform 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 G	areen	8/10/2021	
Signature of Owner/Contractor/	Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being	g the:		
X General Contractor	Owner X Off	cer/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 em	nployees and has obtained wo	orkers' compensation insura	nce 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