
Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes Inc.

Date 8/25/21

PER 0600-87-2594.00

Site Address: TBD Cameron Rd Phone
919.410.5473

Subdivision: Cameron Rd Lot 1

Description of Proposed Work: Residential New Construction Total Job
Cost 130,000

General Contractor Information

_____ Telephone 919410.5473

Building Contractor's Company Name
WEAVER HOMES INC.

Telephone
Samantha@
Weaver-homes.com
Email Address

Address
75971 HEATED SQ FT 1820 GARAGE SQ FT 752
License #

Electrical Contractor Information

Description of Work Pioneer Electric Service Size: _____ Amps T-Pole:
Yes No 80 Neill Thomas Rd
Lillington NC 27546

919.410.5473

Electrical Contractor's Company Name

Telephone
Samantha@
Weaver-homes.com
Email Address

Address
21043-U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC/ New Construction

Mechanical Contractor's Company Name
Carolina Comfort
P.O. Box 190 Clayton, NC 27528
Address
33892
License #

Telephone
919 410 5473
Email Address

Plumbing Contractor Information

Description of Work _____ # Baths _____

Double J Plumbing
Plumbing Contractor's Company Name
414 Byrd Rd Bunnlevel, NC
Address
21649
License #
28323

919-410-5473
Telephone
Sanantha@weaver-
Email Address
homes.com

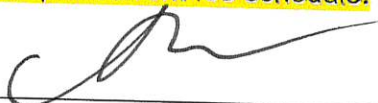
Insulation Contractor Information

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.


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

8/30/14
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor _____ 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.

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: 8/24/21