
Application

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

PIN: _____
0600-77-
8410.000

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes Inc

Date 8/25/21

Site Address: TBD CAMERON Rd Phone
919.410.5473

Subdivision: CAMERON Rd Lot 3

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

General Contractor Information

919.410.5473

Building Contractor's Company Name
Weaver Homes Inc.

Telephone

Samantha @
Weaver-homes.com
Email Address

Address
75971

HEATED SQ FT 2125

GARAGE SQ FT 744

License #

Electrical Contractor Information

Description of Work New Construction Service Size: _____ Amps T-Pole:
Yes No

919.410.5473

Electrical Contractor's Company Name
Pioneer Electric 80 Null 1
Thomas Rd
Lillington NC
27544

Telephone

Samantha @
Weaver-homes.com
Email Address

Address
21643-4

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC New Construction

Mechanical Contractor's Company Name

HVAC Carolina Comfort
P.O. B 190 Clayton, NC 27528

Address

33892

License #

Telephone

919.416.5473

Email Address

Plumbing Contractor Information

Description of Work New Construction

Baths

3

Double J Plumbing

919.416.5473

Plumbing Contractor's Company Name

414 Byrd Rd Bunnlevel, NC
28323

Address

21649

License #

Telephone

Samantha@
Weaver-homes.com

Email Address

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

8/29/21
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: 8/30/21