

# \_\_\_\_\_

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](http://www.harnett.org/permits)

PIN #

0600-76-5997.00

**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 5

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

**General Contractor Information**

Building Contractor's Company Name  
Weaver Homes Inc

919-410-5473

Address  
75971  
License #

Telephone  
Samantha @  
Email Address  
Weaver-homes.com

**HEATED SQ FT** 1820 **GARAGE SQ FT** 752

**Electrical Contractor Information**

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

919-410-5473

Electrical Contractor's Company Name  
Pioneer  
Address  
21043-U  
License #

Telephone  
Samantha @  
Email Address  
Weaver-homes.com

**Mechanical/HVAC Contractor Information**

Description of Work HVAC New Construction

Mechanical Contractor's Company Name Carolina Comfort P.O. BOX 190 Clayton, NC 27528 Telephone 919-410-5473  
Address 33892 Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Construction # Baths \_\_\_\_\_

Plumbing Contractor's Company Name Double J Plumbing Telephone 919-410-5473  
Address 114 Byrd Rd Bunnlevel, NC 28323 Email Address \_\_\_\_\_  
License # 21649


**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 8/30/21 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: 8/29/21