



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

Application # _____

* 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: Weaver Development Date: 9-20-21
Site Address: 158 West Park Lane Phone: 910-494-0210
Subdivision: West Park Lot: 11
Description of Proposed Work: New Construction Total Job Cost: 1257000

General Contractor Information

Weaver Homes Inc Telephone: 910-494-0210
Building Contractor's Company Name
Address: 350 Wagoner Dr. Fayetteville, NC 28303
Telephone: _____
Email Address: Susan@weaver-homes.com
License #: 75971 HEATED SOFT 1434 GARAGE SOFT 232

Electrical Contractor Information

Description of Work: New Construction Service Size: _____ Amps T-Pole: Yes No
Pioneer Electrical Telephone: 910-494-0210
Electrical Contractor's Company Name
Address: 80 Neill Thomas Rd. Lillington, NC
Email Address: Susan@weaverhomes.com
License #: 21643-U

Mechanical/HVAC Contractor Information

Description of Work: New Construction
Certified Heat & Air Telephone: 910-858-0000
Mechanical Contractor's Company Name
Address: 207 David Parnell St. Pauli, NC 28371
Email Address: Susan@weaver-homes.com
License #: 11301-20012

Plumbing Contractor Information

Description of Work: New Construction # Baths: _____
Double J Plumbings Telephone: 910-494-0210
Plumbing Contractor's Company Name
Address: 114 Byrd Rd. Benson, NC 28323
Email Address: Susan@weaver-homes.com
License #: 21649

Insulation Contractor Information

Insulation n/c Telephone: 919-770-1974
Insulation Contractor's Company Name & Address

***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

9.20.21
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: 9.20.21