

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

## **Application for Residential Building and Trades Permit**

on on license:	
Owner's Name: LANDAVA HOLDINGS LLC	Date: 10/20/2021
Site Address: 137 Buckitmin ne, they spice we	27545 Phone: 910-892-4345
Subdivision: OAKHAIN	Lot: 28
Description of Proposed Work: NSF Duttin 6	_ Total Job Cost: 196590 ~
General Contractor Information	6
CUMBERCIUS HOMES INC	910 - 892-4345
Building Contractor's Company Name	Telephone
Po Box 727 DUND NC 28335	Morris building group neegmoil. a
59493 HEATED SOLFT 2722 GARAGES	522
License #	
Description of Work SF_ Dwellow Size:	
JB ALLEN ELECTRICAL SCHUICE	919-232-1928
Electrical Contractor's Company Name	Telephone
S810 BENION HALORE POGO BENION NC	Iballen electric encir. com Email Address
28206	100
License # Mechanical/HVAC Contractor Inform	nation
Description of Work NSF OWNYNG	nadon
STEPHENDA HEATING + AIR CONDITIONING INC	919-422-2956
Mechanical Contractor's Company Name	Telephone
343 SHIPWANH DANK GARNER NC	Stephen by hyace aol. 6m
Address	Email Address
18644 License #	e sa de la composition della c
Plumbing Contractor Information	on a l
Description of Work NSF pweces	# Baths
PRECUEN PLYMAING INC.	919-736-3773
Plumbing Contractor's Company Name	Telephone
PO BOX 216 GOLDIBURD NC	
Address	Email Address
519 82 License #	transaction of
Insulation Contractor Information	<u>on</u>
Torm inscrates in INC	919- 333-4417
Insulation Contractor's Company Name & Address	Telephone
*NOTE: General Contractor / owner must fill out and sign the	second page of this application.
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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. 10/20/201 Signature of Owner/Contractor/Officer(s) of Corporation 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 dne (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has dne (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. Date: 10/2/2021 Sign w/Title:

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