

electric - electrical  
change in contractor  
8/17/22



Application # \_\_\_\_\_

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

\* 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 Homes Date: 12/8/21  
Site Address: 304 Josely Williams Rd Trn. NC 28339 Phone: 910 630-2100  
Subdivision: North Pointe Lot: 1  
Description of Proposed Work: New Construction Total Job Cost: 125,000

**General Contractor Information**

Weaver Homes Inc. 910-630-2100  
Building Contractor's Company Name Telephone  
350 Wagoner Dr Fayetteville NC Susan@weaver-homes.com  
Address Email Address  
75971 HEATED SOFT 23849 GARAGE SOFT 744  
License #

**Electrical Contractor Information**

Description of Work: New Construction Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
POPE Electric 919-770-5144  
Electrical Contractor's Company Name Telephone  
409 Chatham St Sanford NC  
Address  
21324  
License #

**Mechanical/HVAC Contractor Information**

Description of Work: New Construction  
Certified Heat + Air  
Mechanical Contractor's Company Name Telephone: 910-856-0000  
207 David Parnell St. Paul, NC  
Address Email Address  
H3C 1-20012 28371  
License #

**Plumbing Contractor Information**

Description of Work: New Construction # Baths: \_\_\_\_\_  
Double J  
Plumbing Contractor's Company Name Telephone: 910-814-7705  
114 Byrd Rd. Bunnlevel, NC  
Address Email Address  
21649 28323  
License #

**Insulation Contractor Information**

Insulation Inc. 919-770-1974  
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.**

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

8/17/22  
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: Susan Rodriguez Date: 8/17/22