

Change in Electrical-8/17/22

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes Inc.		Date	8/17/22	
266 Josey Williams Rd. Erwin, NC 28329 Site Address:	Phone	910-	630-2100	ext 204
Subdivision: North Pointe	Lot 3			
Description of Proposed Work: New Construction	Total Job Cost	125,	,000	
General Contractor Information	1			
Weaver Homes Inc.	_			
Building Contractor's Company Name 350 Wagoner Dr., Fayetteville, NC 28301	Telephone			_
Address	Email Address			_
75971 HEATED SQ FT 1911 GARAGE SC	Q FT 672			
License #				
Description of Work New Construction Electrical Contractor Information Service Size:		olo: Y	Voc	No
	Amps 1-P 919.776.5144	ole. <u>^</u>	165	_INO
Pope Electric Electrical Contractor's Company Name	Telephone			_
409 Chatham St. Sanford, NC 27330	relepriorie			
Address	Email Address			_
21326	Email / taarooo			
License #				
Mechanical/HVAC Contractor Inform	nation_			
Description of Work New Construction				
Certified Heat & Air	910-858-0000			
Mechanical Contractor's Company Name	Telephone			_
207 David Parnell Street St. Paul, NC 28371				
Address	Email Address			_
H3C1-20012				
License #				
Plumbing Contractor Information	<u>n</u>			
Description of Work New Construction	_# Baths_2.5			
Double J Plumbing	910-814-7705			_
Plumbing Contractor's Company Name	Telephone			
614 Byrd Rd. Bunnlevel, NC 28323				_
Address	Email Address			
21649				
License # Insulation Contractor Information	an.			
Insulation Inc.	 '	_		
Insulation Contractor's Company Name & Address	910-814-770	5		
msulation Contractor's Company Ivame & 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	8/17/22
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compen The undersigned applicant being the:	sation N.C.G.S. 87-14
x General Contractor Owner Offi	cer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(set forth in the permit:	s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wo	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	ed workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their o covering themselves.	wn policy of workers' compensation insurance
Has no more than two (2) employees and no subcontra	actors.
While working on the project for which this permit is sought it Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work.	erage of worker's compensation insurance prior
Sign w/Title: Susan Rodriguez	Date:8/17/22