

Application #

* Each section below to be filled out by whomever performing work, billust 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

| Owner's Name: Weaver Homes | Date: 12/8/2 |
|--|-------------------------------|
| Site Address: 294 JOSEY Williams Rd 5 | MIN NESSON 910 1130-7 |
| Subdivision: Lorth Pointe Description of Proposed Work: New Construct | 28339 Late 4 |
| Description of Proposed Work: 1/0 (A) COS Struct | Divided leb Costs 125 600 |
| General Contractor Information | |
| | |
| Building Contractor's Company Name | Telephone |
| 350 Waduner Dr. Fauettoville NIC | SUSAN DILLEGISCO |
| Address | Email Address |
| 15911 HEATED SOLET 1920 CARAGE | SOFT (047 |
| El () I C | |
| Description of Worl Klew Construction Size | Amps T-Pole: Vos : No. |
| 12 One ect = 10 cti-in | 919.499.7747 |
| Electrical Contractor's Company Name | Telephone |
| 80 Neill I homas Pd. | |
| 80 Neill Thomas Pd. Address Lillington NC 21643-4 27546 | Email Address |
| License # | |
| Mechanical/HVAC Contractor Information | |
| Description of Work V & Construction | Hation |
| (Oit to to to to to | 910. 858.000 |
| Mechanical Contractor's Company Name | Telephone |
| 20+ 1) avia Parnell St. Ct. raul, NO | - I displicate |
| | Email Address |
| License # | |
| Plumbing Confractor Information | |
| Description of Work New Construction | # Baths |
| Double I | 910-814-7205 |
| Plumbing Contractor's Company Name | 910 - 814 - 7705 Telephone |
| 114 Byrd Rd. Bunnlevel, NC | |
| 21648 Z 8323 | Email Address |
| License # | |
| Insulation Contractor Information | |
| Ensulation INC. | 919-770-1974 |
| nsulation 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 Reduique X
Signature of Owner/Contractor/Officer(s) of Corporation

12/21/24 Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14 |
|--|
| The undersigned applicant being the: |
| X 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. |
| X 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: 12 21 21 |
| Sign w/Title: Date: 12 CI |