



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Weaver Homes, Inc. Date: 12-14-21
Site Address: 422 Bill Shaw Rd, Spring Lake NC Phone: 1-919-410-5473
Subdivision: Thomas Farm 28390 Lot: 31 A
Description of Proposed Work: New Construction Total Job Cost: 120,000

General Contractor Information

Weaver Homes, Inc 910.630.2100
Building Contractor's Company Name Telephone
350 Wagoner Dr Fayetteville, NC 28303 cdb1971@gmail.com
Address Email Address
75971 SQFT 1434 GARAGE 232
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Pioneer Electric 919-499-7767
Electrical Contractor's Company Name Telephone
80 Neill Thomas Rd Lillington, NC 27546 cdb1971@gmail.com
Address Email Address
21643-U
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Certified Heating and Air 910-858-0060
Mechanical Contractor's Company Name Telephone
207 David Parnell St
Address St. Pauls NC Email Address
H3C1-2012 28371
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2.5
Double J Plumbing 910-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Road Bunnlevel, NC 28323
Address Email Address
21649
License #

Insulation Contractor Information

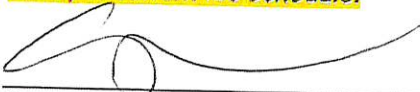
Insulation Inc 919-770-1974
Insulation Contractor's Company Name & Address Telephone

***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.



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

12/14/21

 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: 12/14/21