

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

Owner's Name: H&H CONSTRUCTORS OF FAYETTEVILLE	_{Date:} 04/13/2022
Site Address: 187 Timber Skip Drive	Phone: 910-486-4864
Subdivision: Anderson Creek Crossing	16
Description of Proposed Work: SFD	Total Job Cost: 218472
General Contractor Informati	
H&H Constructors of Fayetteville, Inc	<u> </u>
Building Contractor's Company Name	Telephone
2919 Breezewood Ave Suite 400, Fayetteville NC 28303	tamaragreen@hhhomes.com
Address	Email Address
74158 HEATED SQ FT 2246 GARAGE	<mark>SQ FT</mark> 399
License #	
Electrical Contractor Informat	ion
	e: 200 Amps T-Pole: X Yes No
JM Pope Electrical LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St Sanford NC 27330	electricpope@windstream.net
Address	Email Address
21326	
License # Mechanical/HVAC Contractor Info	rmation
Description of Work Residential	
•	919-934-1060
Carolina Comfort Air, Inc. Mechanical Contractor's Company Name	
• •	Telephone
5212 US Hwy 70 Business Clayton NC 27520 Address	carolinacomfortair@yahoo.com Email Address
	Email Address
29077 License #	
Plumbing Contractor Informat	tion
Description of Work Residential	# Baths 2.5
Vance Johnson Plumbing Co	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 Mid Pine Drive Fayetteville NC 28306	etoepfer@vjplumbing.com
Address	Email Address
07756-P1	
License #	
Insulation Contractor Information	<u>tion</u>
Tri-City Insulation 418 Person St Fayetteville NC 28301	910-486-8855
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-permission to obtain these permits
and if any-permission to obtain these permits
and if <a href="main-any-permits-pe

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.

Tammy Green Signature of Owner/Contractor/Officer(s) of Corporation 4/13/2022 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X General Contractor OwnerX 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:	
X 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: Tammy Green Date: 4/13/2022	