

Application # _____

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

* 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 Inc.	Date <u>12/8/22</u>
Site Address: 27 Wendywood Dr, Angier, NC 27501	
Subdivision: <u>Mitchell Manor</u>	Lot <u>10</u>
Description of Proposed Work:	Total Job Cost
General Contractor Info Weaver Homes Inc.	ormation 910-630-2100 ext 204
Building Contractor's Company Name 350 Wagoner Dr, Fayetteville, NC 28303	Telephone susan@weaver-homes.com
Address 75971 HEATED SQ FT 2245 GAP License #	Email Address RAGE SQ FT ⁷⁴⁶
Electrical Contractor Inf	formation
	ce Size:Amps T-Pole: XYesNo 919-499-7767
Electrical Contractor's Company Name 80 Neill thomas Rd, Lillington, NC 27546	Telephone
Address	Email Address
21643-U	
License # Mechanical/HVAC Contracto	
License #	
License # <u>Mechanical/HVAC Contracto</u> Description of Work	
License # <u>Mechanical/HVAC Contracto</u> Description of Work <u>New Construction</u> King Heath and Air	919-895-3600 Telephone
License # <u>Mechanical/HVAC Contractor</u> Description of Work <u>New Construction</u> King Heath and Air Mechanical Contractor's Company Name	919-895-3600
License # <u>Mechanical/HVAC Contractor</u> Description of Work <u>New Construction</u> King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License #	919-895-3600 Telephone Email Address
License # Mechanical/HVAC Contractor Description of Work New Construction King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License # Plumbing Contractor Inf	919-895-3600 Telephone Email Address
License # <u>Mechanical/HVAC Contractor</u> Description of Work <u>New Construction</u> King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License #	919-895-3600 Telephone Email Address
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License # Mechanical/HVAC Contractor Description of Work King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License # Plumbing Contractor Inf Description of Work New Construction Double J Plumbing Plumbing Contractor's Company Name	919-895-3600 Telephone Email Address formation # Baths_3
License # Mechanical/HVAC Contractor Description of Work King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License # Plumbing Contractor Inf Description of Work New Construction Double J Plumbing Plumbing Contractor's Company Name 614 Byrd Rd, Bunnlevel, NC 28323 Address 21649 License #	formation # Baths_3 Telephone formation # Baths_3 Telephone Email Address
License # Mechanical/HVAC Contractor Description of Work King Heath and Air Mechanical Contractor's Company Name 232 Wilson Rd, Sanford, NC Address 28280 License # Plumbing Contractor Inf Description of Work New Construction Double J Plumbing Plumbing Contractor's Company Name 614 Byrd Rd, Bunnlevel, NC 28323 Address 21649	formation # Baths_3 Telephone formation # Baths_3 Telephone Email Address

*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

12/8/22

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

Date

	Affidavit fo	or Worker's C	ompensation N.C.G.S	6. 87-14			
The u	ndersigned applicant being the	e:					
X	General Contractor	Owner	Officer/Agent of the Co	ontractor 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 employ	ees and has ob	tained workers' compensation	on insurance to cover them.			
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.							
x coveri	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) em	ployees 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 v	v/Title: Susan Rodriguez			Date:			