



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 6/17/22

Site Address: 27 Wendywood Dr, Angier, NC 27501 Phone 6/17/22

Subdivision: Mitchell Manor Lot 10

Description of Proposed Work: New Construction Total Job Cost \$130,000

General Contractor Information

Weaver Homes Inc. 910-630-2100 ext 204

Building Contractor's Company Name 350 Wagoner Dr, Fayetteville, NC 28303 Telephone susan@weaver-homes.com

Address _____ Email Address _____

75971 **HEATED SQ FT** 2245 **GARAGE SQ FT** 746

License # _____

Electrical Contractor Information

Description of Work New Construction Service Size: _____ Amps T-Pole: Yes No
Pioneer Electric 919-499-7767

Electrical Contractor's Company Name 80 Neill thomas Rd, Lillington, NC 27546 Telephone _____

Address _____ Email Address _____

21643-U

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Construction _____
Central Air Inc. 919-398-4281

Mechanical Contractor's Company Name _____ Telephone _____

PO Box 175, Four Oaks

Address _____ Email Address _____

28699

License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 3
Double J Plumbing

Plumbing Contractor's Company Name _____ Telephone _____

614 Byrd Rd, 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.

Susan Rodriguez

6/17/22

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

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: Susan Rodriguez Date: 6/17/22