

Application #

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

Owner's Name: Weaver Home	s Inc.			Date	12/8/2	2
Site Address: 108 Wendywood Dr, Angier, NC			Phone	6/17/	22	
27501 Subdivision: Mitchell Ma	inor		Lot <u>13</u>			
Description of Proposed Work:	Now Construction		Total Job Cost	\$130,0	000	
Weaver Homes Inc.	General Contrac	tor Information	910-630-2100	ext 204	4	
Building Contractor's Company Name 350 Wagoner Dr, Fayetteville, NC 28303			Telephone susan@weaver-homes.com			
Address 75971	HEATED SQ FT 1814	GARAGE SQ	Email Address FT 670			
License #						
Description of Work New Con Pioneer Electric	Electrical Contraction		! Amps T-P 919-499-7767	ole: X	_Yes	_No
Electrical Contractor's Company Name 80 Neill thomas Rd, Lillington, NC 27546			Telephone			
Address 21643-U			Email Address			
License #						
New Cons	Mechanical/HVAC Contraction	ntractor Informa	ation_			
Description of Work	u dollon		0.40.00=.000	-		
King Heat and Air			919-895-3600			
Mechanical Contractor's Company Name 232 Wilson Rd. Sanford, NC			Telephone			
Address 28280			Email Address			
License #						
	Plumbing Contract					
Description of Work New Cons Double J Plumbing	struction		# Baths <sup>3</sup>		<u> </u>	
Plumbing Contractor's Company Name 614 Byrd Rd, Bunnlevel, NC 28323			Telephone			
Address 21649			Email Address			
License #						
Insulation Inc.	Insulation Contra	ctor Information	<u>1</u> 919-770-1974			
Insulation Contractor's Compar	v 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	12/8/22			
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Comp	ensation N.C.G.S. 87-14			
The undersigned applicant being the:				
	Officer/Agent of the Contractor or Owner			
Do hereby confirm under penalties of perjury that the person set forth in the permit:	on(s), firm(s) or corporation(s) performing the work			
Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) and has obtathem.	ained workers' compensation insurance to cover			
X Has one (1) or more subcontractors(s) who has thei covering themselves.	r own policy of workers' compensation insurance			
Has no more than two (2) employees and no subcor	ntractors.			
While working on the project for which this permit is sought Department issuing the permit may require certificates of c to issuance of the permit and at any time during the permit carrying out the work.	overage of worker's compensation insurance prior			
Sign w/Title: Susan Rodriguez	Date: 12/8/22			