VENDOR CHANGE ELECTRIC



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 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

10/20/22

on on license.		7/20/2022
Owner's Name:	H&H CONSTRUCTORS OF FAYETTEVILLE,LLC	Date:Date
Site Address: 17 Mary Roberton Street		Phone: 910-486-4864
Subdivision: Schabert Crossing		Lot:10
Description of Proposed Work: SFD		Total Job Cost:148,953
	General Contractor Information	1
H&H Constructors of Fayetteville, LLC		910-486-4864
Building Contractor's Company Name		Telephone
3709 Raeford Road Suite 200 Fayetteville NC 28304		tamaragreen@hhhomes.com
Address		Email Address
74158 74846	HEATED SO FT1744 GARAGE S	0 F 321_
License #	Electrical Contractor Informati	ion
Description of Work	Residential Service Size	: ²⁰⁰ _Amps T-Pole: _ ^{XX} _YesNo
Buford elect		910-491-5490
Electrical Contractor's Company Name		Telephone
5247 US H	twy 301s Hope mills 38348	Bufordelectric@gmail
Address	31101-1111	Email Address
31424- U	.	
License #	Mechanical/HVAC Contractor Inform	nation
Description of Worls R		
Description of Work Residential Carolina Comfort Air, Inc.		919-934-1060
Mechanical Contractor		Telephone
5212 US Hwy 70 Business Clayton NC 27520		carolinacomfortair@yahoo.com
Address		Email Address
29077		
License #	_	
_	Plumbing Contractor Information	
Description of Work Residential		# Baths2.5
Titan's Plumbing Company		919-902-0990
Plumbing Contractor's Company Name		Telephone
PO Box 1045		Email Address
Address		Email Addicas
34800 License #	 0.	
Election #	Insulation Contractor Information	<u>on</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 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.

Tammy Green	7/29/2022		
Signature of Owner/Contractor/Officer(s) of Corpora	tion Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
X 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:			
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 Department issuing the permit may require certificat to issuance of the permit and at any time during the carrying out the work.	es of coverage of worker's compensation insurance prior		
Sign w/Title: Tammy Green	Date: 7/29/2022		