## **VENDOR CHANGE ELECTRIC**



Application	#	
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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.

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

10/20/2022

tion on license.		10/20/2022	
	H&H CONSTRUCTORS OF FAYETTEVILLE ,LLC	Date: 7/13/2022	
Site Address: 22 BETTY ANN STREET		Phone: 910-486-4864	
Subdivision: SCHABERT CROSSING		Lot:1	
Description of Propos		_ Total Job Cost: <u>148,953</u>	
Description of Fropos	General Contractor Information		
U9 U Constructors (		910-486- <del>4</del> 864	
H&H Constructors of Fayetteville, LLC Building Contractor's Company Name		Telephone	
3709 Raeford Road Suite 200 Fayetteville NC 28304		tamaragreen@hhhomes.com	
Address		Email Address	
74158	HEATED SO FT 1744 GARAGE S	<b>1</b> 260	
License #	HALMADON CONTROL OF THE PARTY O		
D. via Nama of NA	Electrical Contractor Informa	<u>tion</u> e: <sup>200</sup> Amps  T-Pole: <sup>XX</sup> Yes <u> </u> No	
Description of Wo		910 - 491 - 5490	
Buford Electric, LLC		Telephone	
Electrical Contractor's Company Name		buford electric@gmail	
5247 US HWY 3015 HOPE mills, 28348		Email Address	
31424 - 1	Λ		
License #	·		
	Mechanical/HVAC Contractor Inform	nation_	
Description of Work	Residential		
Carolina Comfort Air, Inc.		919-934-1060	
Mechanical Contractor's Company Name		Telephone	
5212 US Hwy 70 Business Clayton NC 27520		carolinacomfortair@yahoo.com	
Address		Email Address	
29077	_		
License #	Plumbing Contractor Information	nn:	
Description of Work _Residential		# Baths 2.5	
Titan's Plumbing Company		919-902-0990 T-lankana	
Plumbing Contractor's	s Company Name	Telephone	
PO Box 1045		Email Address	
Address		Email Address	
34800 License #			
License #	Insulation Contractor Infor	mation	
Tatum Insulate II	•	919-661-0999	
Tatum Insulatin II Inc. 519 Old Drug Store Road, GarnerNC		Telephone	
Insulation Contractor's Company Name & Address		releprione	

\*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 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:
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: Date: