VENDOR CHANGE ELECTRIC



Application #	
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* 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. 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

on on license.		10/00/0000	
Owner's Name:	H&H CONSTRUCTORS OF FAYETTEVILLE,LLC	Date: 10/20/2022	
Site Address: 115 M	lary Robertson Street	Phone: 910-486-4864	
Subdivision: Schale	pert Crossing	Lot: <u>5</u>	
Description of Propos	ed Work: SFD	Total Job Cost: 174,596	
	General Contractor Information	1	
H&H Constructors of Fayetteville, LLC		910-486-4864	
Building Contractor's	Company Name	Telephone	
3709 Raeford Ro	ad Suite 200 Fayetteville NC 28304	tamaragreen@hhhomes.com_	
Address		Email Address	
74158	HEATED SOLF 2433 GARAGE S	394	
License #	Electrical Contractor Informa	ation	
Description of Wo		e: 200 Amps T-Pole: XX Yes No	
	electric, LLC	910-491-5490	
	tor's Company Name	Telephone	
5247 US.	HWY 3015 Hope mills 28348	buford electric @ gma	
Address	The state of the s	Email Address	
<u>314a4-V</u>	<u> </u>		
License #		A!	
	Mechanical/HVAC Contractor Inform	nation	
Description of Work		242.024.4000	
Carolina Comfort Air, Inc.		919-934-1060	
Mechanical Contracto		Telephone	
	siness Clayton NC 27520	carolinacomfortair@yahoo.com Email Address	
Address		Email Address	
29077	<u> </u>		
License #	Plumbing Contractor Information	<u>on</u>	
Description of Work _	Residential	# Baths 3	
Titan's Plumbing Co		919-902-0990	
Plumbing Contractor's		Telephone	
PO Box 1045			
Address		Email Address	
34800	-20		
License #		8	
	Insulation Contractor Informati		
Tri-City Insulation 4	18 Person St Fayetteville NC 28301	910-486-8855 T-1	
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.

Signat	Tammy Green ure of Owner/Contractor/Office	r(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:Tammy Gree	en	Date:		