

VENDOR CHANGE ELECTRIC



Application # _____

Harnett County Central Permitting

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

Owner's Name: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC Date: _____

Site Address: 93 Mary Robertson Street Phone: 910-486-4864

Subdivision: Schabert Crossing Lot: 6

Description of Proposed Work: SFD Total Job Cost: 169,499

General Contractor Information

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 HEATED SQ FT 2267 GARAGE SQ FT 413

License # _____

Electrical Contractor Information

Description of Work Residential Service Size: 200 Amps T-Pole: XX Yes ___ No

Lighthouse Electric NC Inc 910-803-0290

Electrical Contractor's Company Name Telephone

P.O. Box 2206, Surf City NC 28445 lighthousetravis@aol.com

Address Email Address

L22882

License # _____

Mechanical/HVAC Contractor Information

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

Description of Work Residential # Baths 3

Titan's Plumbing Company 919-902-0990

Plumbing Contractor's Company Name Telephone

PO Box 1045

Address Email Address

34800

License # _____

Insulation Contractor Information

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
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: Tammy Green Date: _____