

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

Application # _

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: PoP Homes – RDU, LLC	Date 11-22-2002
Site Addres 1986 Neighbors Road	Phone 919-525-5856
Subdivision: Neighbors Road Lot 2	1 Holle 313-023 0000
Subdivision: LotLot	
Description of Proposed Work: New Single Family Resid	
General Contract	or Information
PoP Homes-RDU, LLC	
Building Contractor's Company Name	Telephone
117 Christopher Drive, Clayton NC 27520 Address	patrick@mypophomes.com Email Address
License #	AGE SQ FT 392
Electrical Contrac	etor Information
Description of Work Wire new home	
W3 Electric Inc	<u>919-550-7341</u> Telephone
Electrical Contractor's Company Name	
308 W Main St STE A Clayton NC 27528 Address	sjones@w3electric.com Email Address
7.13.1.000	Enail / ladioso
U.34522	
License #	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Mechanica/HVAC Col	ntractor Information
	ntractor Information
Description of Work HVAC new home	
Description of Work HVAC new home Comfort Air, Inc.	336-794-9730
Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name	336-794-9730 Telephone
Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name PO Box 552 Clemmons, NC 27012	336-794-9730 Telephone kayustinatca@outlook.com
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Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name PO Box 552 Clemmons, NC 27012 Address 4218 License #	336-794-9730 Telephone kayustinatca@outlook.com Email Address ctor Information # Baths 2.5
Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name PO Box 552 Clemmons, NC 27012 Address 4218 License # Plumbing Contractor Description of Work Plumb new home Thornton's Plumbing, Inc	336-794-9730 Telephone kayustinatca@outlook.com Email Address ctor Information # Baths 2.5 919-550-4833
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Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name PO Box 552 Clemmons, NC 27012 Address 4218 License # Plumbing Contractor's Plumb new home Thornton's Plumbing, Inc Plumbing Contractor's Company Name 3160 A Vinson Rd Clayton, NC 27527 Address L.22152	336-794-9730 Telephone kayustinatca@outlook.com Email Address ctor Information # Baths 2.5 919-550-4833 Telephone tpioffice2@gmail.com
Description of Work HVAC new home Comfort Air, Inc. Mechanical Contractor's Company Name PO Box 552 Clemmons, NC 27012 Address 4218 License # Plumbing Contractor's Plumb new home Thornton's Plumbing, Inc Plumbing Contractor's Company Name 3160 A Vinson Rd Clayton, NC 27527 Address L.22152 License #	336-794-9730 Telephone kayustinatca@outlook.com Email Address ctor Information # Baths 2.5 919-550-4833 Telephone tpioffice2@gmail.com Email Address
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*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.

Signature of Switch Contractor of State A DMIN	
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:	
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: Suzanne Rumley, Director of Research and Administration Date: 11-22-2032	