

Application #

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

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: W Land Inc.			Date 8/21/2023
Site Address: 83 Oleander Ln Sanford, NC 2733	2	Phone	910-978-0435
Subdivision: West Preserve		Lot 2	9
Description of Proposed Work: New Residential Co	onstruction	Total Job Cost	\$115,000
General Contrac			
Weaver Development Co., Inc.		910-978-0435	
Building Contractor's Company Name		Telephone	
350 Wagoner Drive, Fayetteville, NC 28303		brooke@weavercompanies.com	
Address		mail Address	
26962 HEATED SQ FT 1830	GARAGE SQ F	T 534	
License #			
Description of Work New Construction		oo ∧mne T-E	Pole: x Yes No
•		919-499-776	
Pioneer Electric & Maintenance Co.,			
Electrical Contractor's Company Name		Telephone pioneereleectric@earthlink.net	
80 Neill Thomas Road Lillington, NC 27546 Address		Email Address	
21643-U	_	Inali Address	
License #			
Mechanical/HVAC Co	ontractor Informat	<u>ion</u>	
Description of Work HVAC			
Mainstream Mechanical	(919-796-9110	_)
Mechanical Contractor's Company Name		Telephone	
412 Lazy Branch Drive Benson, NC 28323		johnny@weaverdevelopmentco.com	
Address		Email Address	
31005			
License #			
Plumbing Contra	actor Information		
Description of Work New Construction	#	[£] Baths 3.5	<u> </u>
Double J Plumbing Co.	(910-814-770	5
Plumbing Contractor's Company Name		Telephone	
614 Byrd Road Bunnlevel, NC 28323		jamiejohnsonplumbing@gmail.com	
Address		Email Address	
21649			
License #			
Insulation Contra			
Insulation Inc.		919-770-197	<u>'</u>
Insulation Contractor's Company Name & Address	Т	elephone	

*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.

Brooke Weaver	12/4/2023		
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 Owner O	fficer/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: Brooke Weaver - Administrative	ve Coordinator Date: 12/4/2023		