

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:Love Grove Development	Date 9.25.23
Site Address: 118 Thistle Ct. Sanford, NC 27332	040 000 0400
Subdivision: West Preserve	07
Description of Proposed Work: New Construction	
General Contractor Information	
Weaver Homes Inc	910.630.2100
Building Contractor's Company Name	Telephone
350 Wagoner Dr. Fayetteville, NC 28301	susan@weaver-homes.com
Address	Email Address
75971 HEATED SQ FT 1616 GARAG	SESO FT 711
License #	
Description of Work New Construction Service Size:	<u>1</u> Amps T-Pole: X YesNo
Pioneer Electric Electrical Contractor's Company Name	919.499.7767 Telephone
80 Neill Thomas Rd. Lillington,NC 27546	relepriorie
Address	Email Address
21643-U	Email Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work New Construction	
King heating and air	919.895.3600
Mechanical Contractor's Company Name	Telephone
232 Wilson Rd. Sanford, NC 27332	·
Address	Email Address
28280	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work New Construction	_# Baths2
Double J Plumbing	
Plumbing Contractor's Company Name	Telephone
614 Byrd Rd. Bunnlevel, NC 27332	
Address	Email Address
21649	
License #	_
Insulation Contractor Informatio	<del>_</del>
Insulation Inc.	919.770.1974 Telephone
Insulation Contractor's Company Name & Address	i 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.

0.05.00

Susan Rodriguez	9.25.25	
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 C	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:	Date:	