

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: Sunset Ridge Development		Date 9.25.23
Site Address: 53 Hillwood dr. Sanford, NC 27332		910.630.2100
Subdivision: West Preserve		2
Description of Proposed Work: New Construction		\$150,000
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 FT1814 GARA	GE SQ FT_706	
License #		
Description of Work New Construction Service Size:		ole X Yes No
Pioneer Electric	919.499.7767	
Electrical Contractor's Company Name	Telephone	
80 Neill Thomas Rd. Lillington,NC 27546		
Address	Email Address	
21643-U		
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	n	
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Description of Work New Construction	_# Baths2.5	
Double J Plumbing	Talambana	
Plumbing Contractor's Company Name	Telephone	
614 Byrd Rd. Bunnlevel, NC 27332 Address	Email Address	
	Email Address	
21649 License #		
Insulation Contractor Informatio	<u>n</u>	
Insulation Inc.	919.770.1974	
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.

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 obtathem.	ined workers' compensation insurance to cover		
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 Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permit carrying out the work.	overage of worker's compensation insurance prior		
Sign w/Title:	Date:		