

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: 71 Hillwood dr. Sanford, NC 27332 | | | 910.630.2 | 100 |
| Subdivision: West Preserve | | | 3 | |
| Description of Proposed Work: New Construction | | | \$150,000 | |
| | ctor 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 HEA | TED <mark>SQ FT<u>16</u>64G</mark> | ARAGE SQ FT | 467 | |
| License # | tractor Information | | | |
| Description of Work New Construction | | | 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 # | | -4: | | |
| Mechanical/HVAC C | ontractor informa | <u>ation</u> | | |
| Description of Work New Construction | | | - | |
| King heating and air | | 919.895.3600 Talanhana | | |
| Mechanical Contractor's Company Name 232 Wilson Rd. Sanford, NC 27332 | | Telephone | | |
| Address | | Email Address | | |
| 28280 | | Elliali Address | | |
| License # | | | | |
| | actor Information | <u>1</u> | | |
| Description of Work New Construction | | _ _# Baths <u>2.5</u> | | |
| Double J Plumbing | | | | |
| Plumbing Contractor's Company Name | | Telephone | | |
| 614 Byrd Rd. Bunnlevel, NC 27332 | | | | |
| Address | | Email Address | | |
| 21649 | | | | |
| License # | | _ | | |
| | actor Information | _ | | |
| Insulation Inc. Insulation Contractor's Company Name & Address | | 919.770.1974 Telephone | | |
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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.

0.05.00

| Susan Rodriguez | 9.23.23 |
|---|---|
| Signature of Owner/Contractor/Officer(s) of Corporation | Date |
| | |
| Affidavit for Worker's Compe The undersigned applicant being the: | ensation N.C.G.S. 87-14 |
| X General Contractor Owner O | officer/Agent of the Contractor or Owner |
| Do hereby confirm under penalties of perjury that the person set forth in the permit: | n(s), firm(s) or corporation(s) performing the work |
| Has three (3) or more employees and has obtained v | workers' compensation insurance to cover them. |
| Has one (1) or more subcontractors(s) and has obtain them. | ined workers' compensation insurance to cover |
| Has one (1) or more subcontractors(s) who has their covering themselves. | own policy of workers' compensation insurance |
| Has no more than two (2) employees and no subcon | tractors. |
| 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 permitted carrying out the work. | overage of worker's compensation insurance prior |
| Sign w/Title: | Date: |
| | |