

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

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

## Application for Residential Building and Trades Permit

| Owner's Name: Faubert Properties Site Address 1141 Cameron Hill Rd. Cameron, NC                    | Date 3/25/24   |
|--|--|
| Site Address 1141 Camear Hill Rd. Camean, NC   | 2 28326 Phone 910 690 8074   |
| Subdivision:   | Lot 3  |
| Subdivision:   | Total Job Cost \$ 230,000,   |
| General Contractor Information   |  |
| Superior Homes   | 910 639 5397   |
| Building Contractor's Company Name   | Telephone  |
| Superior Homes  Building Contractor's Company Name  120 melanzits Mill Rd West End W/ h73  Address | 376 superior homes of the surchills (  |
| Address  | Email Address SmAil. 10  |
| 99354 HEATED SQ F 2,913 GARAGE S   | SQ FT 425  |
| License #  |  |
| Description of Work New Construction Service Size  | on T Pales No.   |
| Service Size   | 11.1 1 11.11   |
| Sm Pope<br>Electrical Contractor's Company Name  | 9197765144<br>Telephone<br>Maishall pope 74 & gmb. 1. Com<br>Email Address   |
| San FORD, NC   | relephone  |
| Address  | Email Address  |
| 21326  | Lillali Addless  |
| License #  |  |
| Mechanical/HVAC Contractor Information   |  |
| Description of Work New Construction   |  |
| Mechanical Contractor's Company Name   | 910 858 0000   |
| Mechanical Contractor's Company Name   | 710 858 0000 Telephone Vertified Wating and dais // Commille Commi |
| Parkton, NC 28371  | Netified hoping dais 1/c Promite Con   |
| Address  | Email Address  |
| 20012  |  |
| License #  |  |
| Plumbing Contractor Informati  |  |
| Description of Work New Constanction   | # Baths 3<br>910 639-1059  |
| Sam G.bbows  | 910 639-1059   |
| Plumbing Contractor's Company Name   | Telephone  |
| Carthay, NC 28327 Address  | Telephone <u>Qolumbin</u> 1910 @ gm A.l. com Email Address   |
| Address  | Email Address  |
| 3/067<br>License #   |  |
| Insulation Contractor Information  |  |
| Thi- City  | 910-858 - 0000   |
| Insulation Contractor's Company Name & Address   |  |
| Tallie & Addiess   | 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.

Signature of Owner/Contractor/Officer(s) of Corporation

3/25/24

| Accidental and a second a second and a second a second and a second a second and a second and a second and a |  |
|---|--|
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:   |  |
| 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.   |  |
| 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: 1 Hollow - 0 WWR  |  |