



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: Weaver Homes INC.

Date 2.1.24

Site Address: 255 Thistle Ct. Sanford NC 27332

Phone 910.630.2100

Subdivision: West Preserve

Lot 10

Description of Proposed Work: New Construction

Total Job Cost \$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 FT 1616 **GARAGE SQ FT** 711

License #

Electrical Contractor Information

Description of Work New Construction

Service Size: _____ Amps T-Pole: 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 Information

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

Description of Work New Construction

Baths 2.5

Double J Plumbing

Plumbing Contractor's Company Name

Telephone

614 Byrd Rd. Bunnlevel, NC 27332

Address

Email Address

21649

License #

Insulation Contractor Information

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.

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

2.1.23
Date

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: _____ Date: _____