

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: Weaver Homes, Inc.	Date
Site Address: 117 Boyce Ct, Sanford, NC	Phone 910-630-2100 ext. 2
Subdivision: West Preserve	Lot 46
Description of Proposed Work: New SFD	Total Job Cost\$140,000
General Contractor Info	
Weaver Homes, Inc.	910-630-2100 ext. 204
Building Contractor's Company Name	Telephone
350 Wagoner Drive, Fayetteville, NC 28303	susan@weaver-homes.com
Address	Email Address
75971 HEATED SQ FT 1820 GAR.	AGE SQ FT 761
License #	
Description of Work New Residential Construction Service	
Pioneer Electric	e Size: <u>200</u> Amps T-Pole: <u>X</u> Yes <u>No</u> 919-499-7767
Electrical Contractor's Company Name 80 Neill Thomas Road Lillington, NC 27546	Telephone susan@weaver-homes.com
Address	Email Address
21643-U	Email Address
License #	
Mechanical/HVAC Contractor	r Information
Description of Work New Residential Construction	
King Heat and Air	919-895-3600
Mechanical Contractor's Company Name	Telephone
232 Wilson Road Sanford, NC 27332	susan@weaver-homes.com
Address	Email Address
28280	Email / Idal 666
License #	
Plumbing Contractor Info	<u>ormation</u>
Description of Work New Residential Construction	# Baths 2
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Rd. Bunnlevel, NC 28323	susan@weaver-homes.com
Address	Email Address
21649	
License #	
Insulation Contractor Info	<u>ormation</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.

Susan Rodriguez Signature of Owner/Contractor/Officer(s) of Corporation		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
X 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.		
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: Susan Rodrigusz Office	e Manager Date: 11/25/24	