



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 PermitOwner's Name: Weaver Homes Inc.Date 8.14.25Site Address: 560 Docs Rd. Lillington, NCPhone 910.630.2100

Subdivision: _____ Lot _____

Description of Proposed Work: New Construction Total Job Cost \$150,000**General Contractor Information**Weaver Homes Inc910.630.2100

Building Contractor's Company Name

Telephone

350 Wagoner Dr. Fayetteville, NC 28301susan@weaver-homes.com

Address

Email Address

75971HEATED SQ FT 1912 GARAGE SQ FT 502

License #

Electrical Contractor InformationDescription of Work New Construction Service Size: _____ Amps T-Pole: ☒ Yes ☐ NoPioneer Electric919.499.7767

Electrical Contractor's Company Name

Telephone

80 Neill Thomas Rd. Lillington, NC 27546

Address

Email Address

21643-U

License #

Mechanical/HVAC Contractor InformationDescription of Work New ConstructionKing heating and air919.895.3600

Mechanical Contractor's Company Name

Telephone

232 Wilson Rd. Sanford, NC 27332

Address

Email Address

28280

License #

Plumbing Contractor InformationDescription of Work New Construction # Baths 2.5Double J Plumbing

Plumbing Contractor's Company Name

Telephone

614 Byrd Rd. Bunnlevel, NC 27332

Address

Email Address

21649

License #

Insulation Contractor InformationInsulation 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

2.1.23

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:

☒ 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: _____