

06 5003794

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: JIMMY A AUTRY Date: _____

Address: 5845 NC 210 BONN LEVEL NC Phone: _____

Directions to job site: 26323

6 miles south of Lillington Highway 210 - Behind Flat Branch self storage

Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)

- New
 - Renovation
 - Addition
 - Moved House
 - Other
- Residential
 - Modular
 - Commercial
 - Multi-Family

Farm

Description of Proposed Work: _____

Total Project Cost: _____

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 30,000 -

Unheated SF _____ Slab () Acres Disturbed 1/20 Stories 1

Donald Ray Turley _____ 910 893 6077

Building Contractor's Company Name Telephone

P.O. Box 473 Lillington NC 30074

Address License #

[Signature] _____

Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work WIRE BUILDING Electrical Cost \$ 1800.00

TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: 100 Amps

PATRICIA THURGOOD _____ 893-5774

Electrical Contractor's Company Name Telephone

1307 ALMAINE ST _____ 4910U

Address License #

[Signature] _____

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Plumbing Plumbing Cost \$ 1500.00

Number of Baths 3 _____ 910 814 0218

JAMIE JOHNSON Plumbing _____ Telephone

Plumbing Contractor's Company Name _____ 21649

Address License #

[Signature] _____

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()

Insulation Contractor's Company Name _____ Address _____ Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

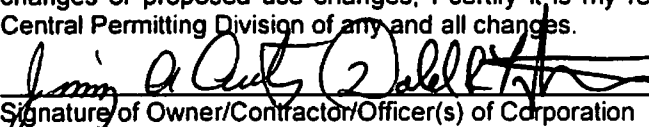
License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No

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 if any changes occur including listed contractors, site plan, 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 Division of any and all changes.



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

1-17-06

Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

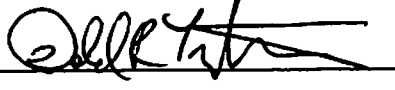
The undersigned applicant for Building Permit # _____ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves
- Has/have not 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.

Firm Name: DONALD RAY TUELLINGER 

By/Title: OWNER

Date: 1/17/06