

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Mac Buildings \_\_\_\_\_ Telephone (910)984-1088  
 Building Contractor's Company Name  
255 E Cornelius Harnett Blvd \_\_\_\_\_  
 Address Lillington, NC 27546 Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Self \_\_\_\_\_ Telephone \_\_\_\_\_  
 Electrical Contractor's Company Name  
 \_\_\_\_\_ Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 \_\_\_\_\_  
 Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 License # \_\_\_\_\_

**Insulation Contractor Information**

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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

*9-26-18*  
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: *[Signature]*

Date: *9-26-18*

Joe E Godwin Sr. , P.E., P.L.S.

Fleet Temple , P.E.

Jason E Godwin , P.L.S.

# ENOCH ENGINEERS, P.A.

1403 NC Highway 50 South  
Benson, North Carolina 27504  
919.894.7765

Email: [general@enochengineers.com](mailto:general@enochengineers.com)

[www.enochengineers.com](http://www.enochengineers.com)

## MATERIALS & TEST DIVISION

### FIELD REPORT

#### PROJECT

CLIENT: Doug Mcknight	DATE: 8.22.18
PROJECT: out building pad	CONTRACTOR: C/O Doug Mcknight
ADDRESS: 22 Birchwood Circle	TECHNICIAN: BH
LOT #: Coats	

#### TEST SUMMARY

Performed NDT on pad at site noted above using a target density of 115 pcf.  
Soils confirmed a compaction greater than or equal to 95%.

#### TESTING RESULTS

SERVICE PERFORMED	TEST NO.	COMP %	WD PCF	DD PCF	MOISTURE %
NDT	1	99.76	114.7	133.3	16.1

#### RETURN VISIT REQUIRED?

YES

NO

TECHNICIAN:



Disclaimer:

Soils & Material inspections, testing results and on-site determinations contained in this report become void after 60 days of non-use of this report and/or following any inclement weather which causes structural soil or material deterioration. Additional testing will be required following a voided report determined by a North Carolina Building Code enforcement official or Enoch Engineers P.A. The client/contractor is responsible for notifying Enoch Engineers P.A. of any soil & material condition changes which could void this report.

10-10-1988  
10-10-1988



10-10-1988  
10-10-1988  
10-10-1988

MATERIALS & TEST DIVISION  
FIELD REPORT

[Faded header text]

DATE: 8/21/88  
BY: [Faded Name]  
PROJECT: [Faded Project Name]

CLIENT: Doug Mought  
PROJECT: [Faded Project Name]  
ADDRESS: [Faded Address]  
CITY: [Faded City]

[Faded text line]

2. The following is a comparison of the test results for the test material and the test material as received. The test results for the test material as received are shown in the table below.

[Faded text line]

NDT  
09.78  
03.33  
10.1

[Faded text line]

*[Handwritten Signature]*  
[Faded text]

10-10-1988  
10-10-1988