

243 Ralph Patterson in
Broadway

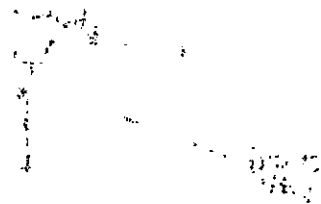


*Water will be disposed of on
property without threat to
adjacent lots or streets.

SITE PLAN APPROVAL
DISTRICT USE Inground pool
24-30
#BEDROOMS 4
10/8/18
BP

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

Application for Residential Building and Trades Permit

Owner's Name: Walter & Rhonda Perry Date: 10/8/18
Site Address: 243 Ralph Patterson Ln. Broadway 27505 Phone: (919) 777-3446
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Rising Sun Pools (919) 851-9700
Building Contractor's Company Name Telephone
5608 Hillsborough St. Raleigh 27606 holly@risingsunpools.com
Address Email Address
69887
License #

owner acting as GC.

Electrical Contractor Information

Description of Work wire swimming pool Service Size: 100 Amps T-Pole: Yes No
Harte Pool Wiring & Lighting (919) 868-8195
Electrical Contractor's Company Name Telephone
7424 US 555 Willow Springs 27592 Hartepoolwiringandlighting@gmail.com
Address Email Address
30707
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.

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

10/8/18
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.

Company or Name: _____

Sign w/Title: _____ Date: _____