

* 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: Michael & Deb Monypenny Date: 10-16-18

Site Address: 3720 Nevills Creek Rd Phone: 919-639-9707

Directions to job site from Lillington: 401 W RT on Nevills Creek Rd
on corner across from school on RT

Subdivision: _____ Lot: _____

Description of Proposed Work: 26436 (1) story detached garage # of Bedrooms: _____

Heated SF: _____ Unheated SF: 936 Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Beavers Construction Inc

919-481-9368

Building Contractor's Company Name

Telephone

P.O. Box 4428 Cary, NC 27519

Paul Costin@beaversconstruction.com

Address

Email Address

52186

License #

Electrical Contractor Information

Description of Work Add 100 amp service Service Size: 100 Amps T-Pole: Yes No

Lights & Receptacles

919-369-2117

Electrical Contractor's Company Name Electrical Experts

Telephone

Address 71 Mistywood Dr. F.D. NC 27596

Email Address

226895

License #

Mechanical/HVAC Contractor Information

Description of Work LG Mini Split

919-369-6323

GAH Services

Telephone

Mechanical Contractor's Company Name 109 Forked Pine Ct CH. Hill, NC 27517

Email Address

Address

19327

License #

Plumbing Contractor Information

Description of Work (1) cold water LTR # Baths _____

GAH Services

919-369-6323

Plumbing Contractor's Company Name 109 Forked Pine Ct CH. Hill, NC 27517

Email Address

Address same - has plumbing class 1

License #

Insulation Contractor Information

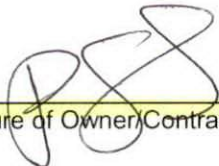
Insulation Contractor's Company Name & Address

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 of Owner/Contractor/Officer(s) of Corporation

10-16-18

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: _____