

\* 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 # BIZES 1903-0000

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Clark & Kathy Johnson Date: March 26<sup>th</sup> 2019  
Address: 3955 Hwy 55 Angier NC 27501 Phone: 919 754 0788  
Directions to job site from Lillington: 421 thru Campbell left on Stage Rd X 27 Stage Rd to 55 turn left 1/2 mile on right  
Subdivision: N/A Lot: \_\_\_\_\_

Construction Type: (Please Check) Building Use: (Please Check)  
 New garage  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: 30,000.<sup>00</sup> Description of Proposed Work: Free standing garage

**General Contractor Information**  
Heated SF  Crawl Space ( ) Building Construction Cost \$ 30,000.<sup>00</sup>  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 1  
Bim Builders LLC 919 524 5852  
Building Contractor's Company Name Telephone  
6187 NC 27 East Coats NC 27521 50541  
Address License #

Danny Pellard  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**  
Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No  Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 100 Amps  
Byrd Electric 919 669 3879  
Electrical Contractor's Company Name Telephone  
143 Mingo Rd Benson 20256-L  
Address License #

Signature of Officer(s) of Corporation \_\_\_\_\_  
**Mechanical Permit Information**  
Description of Work N/A  
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 N/A  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
Address License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_  
**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

**Commercial Jobs must fill out this portion  
Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ yes      \_\_\_ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ yes      \_\_\_ no
3. Do you intend to directly control & supervise construction activities?      \_\_\_ yes      \_\_\_ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ yes      \_\_\_ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ yes      \_\_\_ no

\_\_\_\_\_  
Sign & date

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 Department of any and all changes.

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

\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/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: Bim Builders

Sign/Title: Danny Pollard Owner

Date: 3-26-19