

* 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 # _____

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

Application for Residential Building and Trades Permit

Owner's Name: Jeffrey Lynda Gardner Date: _____
Site Address: 435 Ballard Rd Fuquay Varina, NC Phone: 919-625-7053
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: 41x66 off frame modular #Bedrooms: 4
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space (✓) Slab ()

General Contractor Information

TCC Vander built LLC 919-770-4413
Building Contractor's Company Name Telephone
3300 Jefferson Davis Hwy Sanford NC 27332 43964
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no
Caroline Power Generation Inc. 910-947-2207
Electrical Contractor's Company Name Telephone
3700 Hwy 15/501 Carthage NC 28327 32340
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Caroline Air Heat & Cooling Inc. 910-947-2207
Mechanical Contractor's Company Name Telephone
3700 Hwy 15/501 Carthage NC 28327 23549
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____
HR Curtis 919-770-0168
Plumbing Contractor's Company Name Telephone
6314 Carbonford Sanford NC 27330 10924
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

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

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, 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.


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

12/6/19
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: TCC Vanderbuilt LLC

Sign w/Title:  Officer/Agent Date: 12/6/19