

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

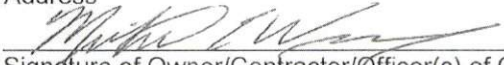
Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

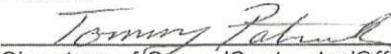
Owner's Name: Earl Cox Date: 1/11/22
Site Address: 705 W. Old Stage Rd W J St. Phone: 910-897-6288
Directions to job site from Lillington: Take hwy 421 from Lillington towards Dunn, turn right onto Old Stage Rd and go approx. 3.5 miles and House is on the right.

Subdivision: _____ Lot: _____
Description of Proposed Work: Repairs due to Fire Damage # of Bedrooms: 3
Heated SF: 1600 Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

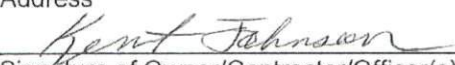
General Contractor Information

Southeastern Construction of Buies Creek, LLC 919-282-2443
Building Contractor's Company Name Telephone
PO Box 157 Buies Creek, NC 27506 michael@si-nc.com
Address Email Address
 62649
Signature of Owner/Contractor/Officer(s) of Corporation License #

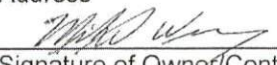
Electrical Contractor Information

Description of Work Electrical Repairs Service Size: 200 Amps T-Pole: ___ Yes No
Patrick Electrical Contractors 910-893-5774
Electrical Contractor's Company Name Telephone
1309 North Main Street / Lillington, NC 27546 tommypatrick910@gmail.com
Address Email Address
 4910U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work Replace Ductwork and Thermostat Wiring
J&M Heating and Air
Mechanical Contractor's Company Name Telephone
724 Turlington Rd / Dunn, NC 28334
Address Email Address
 17164
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work Repair Replace Damaged Plumbing Fixtures # Baths 2
Clancy Plumbing
Plumbing Contractor's Company Name Telephone
281 Surles Rd / Benson, NC 27504
Address Email Address
 15884
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Tri City Insulation
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application.**

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.

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

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: Southeastern Construction of Buies Creek, LLC

Sign w/Title:  / President Date: 1/11/22