* 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.

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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 Tr	rades Permit
Owner's Name: Terry Winton	Date: 1012/22
Site Address: 71 Georgie Dr Braulway MI7505 Phone	: 919-630-4838
Directions to job site from Lillington:	
Subdivision:	Lot:
Description of Proposed Work: 4/X76 officere model w/6x22	_#Bedrooms:
Heated SF 2433 Unheated SF 1581 Finished Rec Room?	Crawl Space (4 Slab (
General Contractor Information	100 - 4413
Building Contractor's Company Name Telephone	0-1115
3300 Tefferson Davi's Hwy Santord NK 22332	43964
Address	License #
Must sign & fill o	ut second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information	
Description of WorkService Size:	_Amps TPole: yes/no
Carolina Power Generators Lac 910- 3	585-4883
Electrical Contractor's Company Name Telephone	7 2 2 1/2
Address Lang 15/501 Carthage NC 28327	
Signature of Officer(s) of Corporation	
Mechanical Permit Information	
Description of Work	. 0.10
Carolina Air Hents Cool Inc. 910	0-947-7707
Mechanical Contractor's Company Name Teleph 3700 Kwy 15/501 Carthage NC 28327	1 2 54G
Address A D OO	License #
Day Bulland	Electrice II
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work	_# Baths
Plumbing Contractor's Company Name Teleph	<u>-110-0168</u>
Plumbing Contractor's Company Name 5317 Curbon from Red Santord NC 27330 Address 1 4	10924
Addressy / 1	License #
The Contro	
Signature of Officer(s) of Corporation Insulation Permit Information	
insulation Fernit information	
Insulation Contractor's Company Name & Address	Telephone

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)
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 <u>any</u> 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. [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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
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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
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