

* Each section below to be filled out by who/never 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
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: RAY K LEON / LEON INVESTMENTS Date: _____
Address: 2395 CYPRESS RD LAMERON NC Phone: 910 864-9115
Directions to job site from Lillington: 210 S TO SPRING LAKE TO VASS RD
TO MC GILL RD TO CYPRESS RD.
Subdivision: _____ Lot: _____

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

25x55
Bonus Room
w/ closet

Total Project Cost: 24,943.80 Description of Proposed Work: _____
General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 16,378.00
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____
F&L Home Improvement (910) 308-4043
Building Contractor's Company Name Telephone

7359 Van Grayson Loop, Fay, N.C. PRIV
Address 28314 License #

John J. Lowe
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work wire from existing xiv Electrical Cost \$ 1765.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
Security Electricity 423-4569/309 9689

Electrical Contractor's Company Name Telephone
5483 Lafayette Ave Apt 25348 202 291-L
Address _____ License #

John J. Lowe
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work TWO TON 13 SEER HEAT PUMP
Number of Units ONE Type System SPLIT Mechanical Cost \$ 4800

SON - SHINE / HAROLD PIERCE 910 424-7992
Mechanical Contractor's Company Name Telephone

1128 BOWLING GREEN DR FAY, NC 10566
Address 28304 License #

Harold Pierce Harold Pierce
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work INSTALL BATH ROOM WATER CLOSET, LAMINATE, SHOWER
Number of Baths 1 Plumbing Cost \$ 8000.00
B.W. CUNNINGHAM (910) 486-1300
Plumbing Contractor's Company Name Telephone

307 N. MAIN ST 11435P
Address _____ License #

B.W. Cunningham
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()
F&L Home Improvement 7359 Van Grayson Lp. 910 308-4043
Insulation Contractor's Company Name & Address Telephone

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65 HAR

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.

John E. Lowe

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

4-6-07

 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: FEL Home Improvements
Sign/Title: John F. Lowe / owner
Date: 3-29-07