

\* 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 # 07.50017486

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: Felicia and Keith Andrews Date: 3 May 07  
Address: 40 Turkey Oak Circle Phone: (910) 814-1812  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Forest Oak Lot: \_\_\_\_\_

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: Bonus Rm.

Heated SF 731 Crawl Space ( ) Slab ( ) Building Construction Cost \$ 10,000.00  
Unheated SF \_\_\_\_\_ Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
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: \_\_\_\_\_ Amps

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation Andrew James

**Mechanical Permit Information**

Description of Work \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation owner

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

owner  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

*no excavation  
charge.  
see permit  
info  
for  
details*

*with  
pull  
sub.  
see  
attached*

**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: \_\_\_\_\_

Sign/Title: Julia M. Andrews

Date: 5.3.07

Please note if this application is part of a job in progress with open permits.

yes  no

**Mail In application**  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793  
www.harnett.org

Certification of Work Performed  
By Owner/Contractor

**Contractor Information**

I, Jerry Hall will complete the NVAC work on the project or  
(Name) (Trade)  
structure herein described. My state license number is 28846. All work shall comply with the

State Building Code and all other applicable State & Local law, ordinances and regulations.

Company Name: Total Systems Heating + Cooling, Inc.  
Mailing Address: 13341 Nudge, 210 South  
Street Address: Spring Lake, NC 28390  
Business Phone: 910-436-3450 Email Address: totalsystems@nc.rr.com

\*Company name, address, & phone must match information on license.

**Job Information**

Land Owner's Name: Selicia Andrews Phone: 1058-2554

Tenant/Building Owner(if different): \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction or Site Address: 40 Turkey Oaks Bunn

Specific Directions to Job from Lillington:  
210 Samuel Black Rd Farrest oaks sub.

Description of work to be done: Change out 2 ton Split System Condens + AHU  
Mechanical: New Unit With Ductwork  New Unit Without Ductwork  Gas Piping   
Electrical: 200 Amp  <200 Amp  Service Change  Service Reconnect  Other   
Plumbing: Water/Sewer Tap  Number of Baths  Water Heater

**Permit Cost**

Permit Fee: \$ 45.00 (calculated from fee schedule)

Mail In Processing Fee: **\$3.00 per application**

Total Enclosed: \$ 48.00

Make check payable to:  
Mail completed application form to:

Harnett County Central Permitting (HCCP)  
Harnett County Central Permitting  
PO Box 65  
Lillington, NC 27546

Contractor's Signature: Jerry Hall Date: 9-21-07

**DO NOT SEND CASH. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**