

\* 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 # 0750017901

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org  
**Application for Building and Trades Permit**

Owner's Name: David Sawyer / Melissa Thomas Date: \_\_\_\_\_  
Site Address: 59 Mallard Rd Sanford Phone: 919 498-9730  
Directions to job site from Lillington:  Hwy 27 to Buffalo Lk. Rd. L on Mallard

Subdivision: Buffalo Lake Lot: \_\_\_\_\_

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

Total Project Cost: 15,000 Description of Proposed Work: enclose existing deck  
Heated SF 700 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information** Building Cost \$ \_\_\_\_\_

Owner will act as own contr. 919 498-9730

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
159 Mallard Rd. Sanford

Address \_\_\_\_\_ License # \_\_\_\_\_  
David E Sawyer Must sign second page & fill out third page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information** Elec Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #TPoles \_\_\_\_\_

Westcoast Proce Electric Inc 919 499 3946  
Electrical Contractor's Company Name Telephone  
546 Leslie Rd Sanford NC 27332 License # 12007-U

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

**Mechanical Permit Information** Mech Cost \$ \_\_\_\_\_

Need Pump Heating/Air Split Unit outside w/ 1 line going inside

Description of Work \_\_\_\_\_  
Bunn Level H & AC 893-6373  
Mechanical Contractor's Company Name Telephone

Address \_\_\_\_\_ License # \_\_\_\_\_  
signed at permit office

**Plumbing Permit Information** Plumb Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

SOB 919 498-9730  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

N/A

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Sprinkler Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

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Address \_\_\_\_\_ License # \_\_\_\_\_

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Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

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Fire Alarm Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

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Address \_\_\_\_\_ License # \_\_\_\_\_

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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

Melissa D. Thomas  
David E. Sawyer

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.

Melissa D. Thomas  
David E. Sawyer

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

6-26-07  
6-26-07

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:   N/A  

Sign/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Application # 17901

*entire 8.9.07 allowed*

**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**

Owner (s) of Structure: David Sawyer Phone: 910-624-5126

Owner (s) Mailing Address: 159 Mallard Rd  
Sayler, NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: 910-624-5126

Construction or Site Address: \_\_\_\_\_

PIN or Parcel #: \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

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

Specific Directions to Job from Lillington: HWY 27 to Buffalo Lake  
Rd left on Mallard

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Jimmy Pierce  
Cathy Miles have provided or will provide the HVAC labor  
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state \_\_\_\_\_ license  
(Trade)

number 18855, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and local laws,  
ordinances and regulations.

Structure owner(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: Bunnlevel Heating & Air, Inc Phone: 910-893-6373

Address: PO Box 87

County: Harnett Contractor's License #: 18855

Contractor's Signature: Cathy Miles Date: 8-7-07

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



North Carolina  
State Board of Examiners  
of Plumbing, Heating and  
Fire Sprinkler Contractors



### Licensee Details

<b>License No:</b>	18855
<b>Class(es):</b>	H-3-1
<b>Business:</b>	Bunnlevel heating & Air, Inc PO Box 87 Bunnlevel, NC 28323
<b>Phone:</b>	(910) 893-6373
<b>Fax:</b>	(910) 893-6375
<b>By:</b>	Pierce, Jimmy Edward (H-3-1)

Lookup another:

License number:

License Class:

County Name

Business name:

Personal name  
(first, last):

City: