

\* 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 # 17930  
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: Graciano Reyes Date: 6-12-07  
Address: 464 Valley Forge Way S. Phone: (919) 499-6247  
Directions to job site from Lillington: \_\_\_\_\_

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

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

Total Project Cost: \$6,000 Description of Proposed Work: Two rooms addition

**General Contractor Information**  
Heated SF \_\_\_\_\_ Crawl Space ( ) \_\_\_\_\_ Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) \_\_\_\_\_ Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

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

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

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 # owner

Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_

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

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

Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

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

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

Signature of Officer(s) of Corporation

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

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

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

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Contact & Telephone

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

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
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)

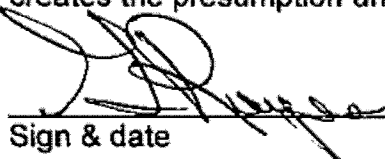
1. Do you own the land on which this building will be constructed?       yes       no

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

      6-12-07  
\_\_\_\_\_  
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.

      6-12-07  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation      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: \_\_\_\_\_

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

Date: 6-12-07