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Application # 19383

\* 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.

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 Trades Permit**

Owner's Name: Raymond E Coats Jr Date: 2-7-08  
Site Address: 3393 Abattoir Rd. Phone: (910) 891-9360

Directions to job site from Lillington: 421 to Hwy 27 to Coats go thru Light 1st Rd. 1 to left. Go 3 miles on Abattoir Rd, Pass Denning Rd 3 House on Left 3393 site will be in back.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_ #Bedrooms: 1  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Raymond E Coats \_\_\_\_\_ Telephone (910) 897-3325  
Building Contractor's Company Name

PO Box 918 Coats NC \_\_\_\_\_ License # \_\_\_\_\_  
Address

Raymond E Coats \_\_\_\_\_ Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work Electrical Service Size: 200 Amps TPole: yes  no

Home owner \_\_\_\_\_ Telephone SAME AS ABOVE  
Electrical Contractor's Company Name

SAME AS ABOVE \_\_\_\_\_ License # \_\_\_\_\_  
Address

Raymond E Coats \_\_\_\_\_  
Home owner  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Gas wall mounted HEAT  
Home owner \_\_\_\_\_ Telephone SAME AS ABOVE  
Mechanical Contractor's Company Name

SAME AS ABOVE \_\_\_\_\_ License # \_\_\_\_\_  
Address

Raymond E Coats Jr. \_\_\_\_\_  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbed house for nother # Baths 1  
Home owner \_\_\_\_\_ Telephone 910 897-3325  
Plumbing Contractor's Company Name

HOME OWNER \_\_\_\_\_ License # \_\_\_\_\_  
Address

Raymond E Coats Jr. \_\_\_\_\_  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

HOME OWNER \_\_\_\_\_ Telephone 897-3325  
Insulation Contractor's Company Name & Address

**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

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, 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.

Raymond E. Coats  
Signature of Owner/Contractor/Officer(s) of Corporation

2-7-08  
Date

**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 them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: Raymond E. Coats

Sign w/Title: \_\_\_\_\_ Date: 2-8-07