

\* 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 # 08-50020145

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

entered  
11.21.08

Owner's Name Kim & Wayne Hicks Date: \_\_\_\_\_  
Site Address: 154 Mels Meadows Dr. Fuquay Varina Phone: 369-7322/369-4265  
Directions to job site from Lillington: 401 N - Left on Christian Light Rd Left on Mel's Meadows

Subdivision: Mels Meadows Lot: 43  
Description of Proposed Work: Addition #Bedrooms: 1  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab ( )

**General Contractor Information**

Wayne Hicks, owner 369-4265  
Building Contractor's Company Name Telephone  
154 Mels Meadows Dr. Fuquay Varina  
Address License #  
Wayne Hicks Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work NEW ADDITION Service Size: NA Amps TPole: yes   
DGD CONSTRUCTION INC 919 677-6313  
Electrical Contractor's Company Name Telephone  
5705 BASAL DR HOLLY SPRINGS NC 24637-L  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW ADDITION  
DRS SERVICES 552-0407  
Mechanical Contractor's Company Name Telephone  
6709 MAGGIEWOOD LANE FUQUAY VARINA 27526 116569  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths 1  
Plumbing Solutions of NC Inc. 557-3977  
Plumbing Contractor's Company Name Telephone  
1315 Olive Branch Rd, Fuquay Varina 27526 23076  
Address License #  
Wayne Edwards, Jr  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Home Warmth Durham NC 524-2602  
Insulation Contractor's Company Name & Address Telephone

**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.

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

7-18-08  
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: Wayne Hicks

Sign w/Title: Wayne Hicks Date: 7-18-08

