

\* 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 # 09 500 21759  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
3/17/09  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: Bobby + Wanda Murray Date: 3-17-09  
Site Address: 106 Paul Clayton Cr. Coats NC 27521 Phone: 910-892-8378  
Directions to job site from Lillington: Hwy 27 E toward Coats, TR on McLamb Rd. TL on Paul Clayton Cr. 106 is at end of Street on right.  
Subdivision: Clayton Downs Lot: 9  
Description of Proposed Work: Addition #Bedrooms: N/A  
Heated SF 320 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Marshall Johnson Const. Inc. 919-427-7111  
Building Contractor's Company Name Telephone  
283 Banner Elk Rd. Benson NC 27504 55274  
Address License #

Marshall Johnson Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work Wire Sunroom Service Size: 200 Amps TPole: yes  no  
RA. Jackson Electric, Inc. 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd. Benson NC 27504 21144  
Address License #

Bobby Jackson  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work Add duct lines  
Beasley's HVAC 919-894-4248  
Mechanical Contractor's Company Name Telephone  
57 WC Beasley Lane Coats, NC 27521 9497  
Address License #  
Brant Beasley  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work N/A # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone  
Address License #  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City 418 Person St. Fayetteville 800-408-1012  
Insulation Contractor's Company Name & Address Telephone

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### 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.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

*Marshall Johnson*  
Signature of Owner/Contractor/Officer(s) of Corporation

3-17-09  
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: Marshall Johnson Const. Inc.

Sign w/Title: *Marshall Johnson, President*    Date: 3-17-09