\* Each section below to be filled out by whomever performing work. Must be owner or ticensed contractor. Address, company name & phone must match information on license.

500 21873

Application # © 9
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

910-893-7525 Fax 9	10-893-2793 www.harnett.org/pe	ermits	\$CA
Application for Resid	ential Building and Trade	es Permit	4/6
Owner's Name: TUIL HIM PALEY.	<u></u>	ate: 4-6-09	D
Site Address: 4/26 Rodh: // Choice	h ROAD Phone: 9		9
Directions to job site from Lillington: 4AHC	7/1	WCIA DUN	= / aン
tuin lift on Redhil	Church Rd	GIZ AROU	.+
5 Miles Home on	Right	_ 002 - V 110 a	
Subdivision: NO	Lo	<b>t</b> ∙	•
Description of Proposed Work:			•
• • • • • • • •	hed Rec Room?	<del></del>	— Clab ()
	ontractor Information	Crawl Space ()	Slab ()
Testy Humphises			
Building Contractor's Company Name	Telephone	,	
Address Jane	<del></del>	OWNER	
In the ho		License #	
Signature of Owner/Contractor/Officer(s) of Corpor	Must sign & fill out sec	cond page	
<u>Electrical</u>	Permit information		
Description of WorkS	ervice Size:Am	ps TPole: yes/no	
Electrical Contractor's Company Name			
Anc	Telephone		
Address		OWNER	
In the		License #	
Signature of Officer(s) of Corporation			
	AC Permit Information		
Description of Work			
			•
Mechanical Contractor's Company Name	Telephone		
Address		License #	
Signature of Officer(s) of O			
Signature of Officer(s) of Corporation			
Plumbing P	ermit Information		
Plumbing P	ermit Information		
Description of Work	ermit Information # Bat	hs	
Description of Work  Terry Humphree  Terry Hum	# Bat	hs	
Description of Work  Plumbing Poly  Plumbing Contractor's Company Name	# Bati		
Description of Work  Terry Humphree  Terry Hum	# Bati	one2	
Description of Work  Terry Humphr:  Plumbing Contractor's Company Name  Some	# Bati		
Plumbing Poscription of Work  Plumbing Contractor's Company Name  Address  Pignature of Officer(s) of Corporation	# Bati Telephone తి	one2	
Plumbing Poscription of Work  Plumbing Contractor's Company Name  Address  Pignature of Officer(s) of Corporation	# Bati	one2	
Plumbing Poscription of Work  Plumbing Contractor's Obmpany Name  Signature of Officer(s) of Corporation	# Bati Telephone తి	one2	

2	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 leave of Publisher S.
	Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
	- Surding Fermits (Memo available upon request)
	1. Do you own the land on which this building will be constructed?
	2. Have you hired or intend to hire an individual to superintend and manage construction of the
	project?
•	yesno
	12.00
	3. Do you intend to directly control & supervise construction activities?
	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 person the
	5. Do you intend to personally occupy the building for at least 12 consecutive months following
**	presumption under law that you fraudulently secured the permit?
- 1	
.	<u>∠</u> yes no
_	hereby certify that I have the cottled
	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 Political Conformation will conform to the regulations in the Political Conformation will conform to the regulations in the Political Conformation will conform to the regulations in the Political Conformation of the Political
, -	and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinana Ordinana
	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 Listed contractors, site plan,
	number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use
14. J	changes, I certify it is my responsibility to notify the United Treath Permit Changes or proposed use
	changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of
: . ( ) <sub> </sub>	EXPIRED DEDMIT EEEO O Manage
-16	EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee
7	
2	
	7-6-07
	Signature of Owner (Contractor/Officer(s) of Corporation Date
٠	
1	Affidavit for Workeda Communication
7	Affidavit for Worker's Compensation N.C.G.S. 87-14
'	he undersigned applicant being the:
- 1	
.   -	General Contractor Owner Officer/Agent of the Contractor or Owner
- 1 _	San
D	o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
Se	et forth in the permit:
	Has three (3) or more employees and has about
1 -	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
1	Has one (1) or many subscribe (1)
1 150	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
UR	ani.
1	
_	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
COV	vering themselves.
ĺ	
د ا	Has no more than two (2) employees and no subcontractors.
Wh	ile working on the project for which the
Der	ile working on the project for which this permit is sought it is understood that the Central Permitting
100	partment issuing the permit may require certificates of coverage of worker's compensation insurance prior
carr	ying out the work.
Con	pany or Name: TCIV & HUNDAV > 5
	The first process of the first
Sian	W/Title: 17/1/20 DE DE DE LI-1-00
Sign	w/Title: 17 Mphil Owner Date: 4-6-09