

SCANNED
3/8/10
DATE

Application # 10-500-23725

* 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

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: DORIS MILLS, SANDRA GAVIN Date: 1 MARCH 2010
Site Address: 37 NATCHEZ TRACE Phone: 919 552-6397 or 910 470-2607
Directions to job site from Lillington: 401 N TO CHRISTIAN LIGHT RD MAKE LEFT TO COKEBURY RD MAKE LEFT - CONTINUE TO RIVER RD MAKE LEFT CONTINUE TO CAPTAIN'S LANDING MAKE RIGHT THEN 1ST LEFT NATCHEZ TRACE ON LEFT.
Subdivision: CAPTAIN'S LANDING Lot: _____
Description of Proposed Work: 2 Story 16'x24' #Bedrooms: 1
Heated SF 768 Unheated SF - Finished Rec Room? NO Crawl Space Slab ()

MAR X 8 ENTD

General Contractor Information

Lowes in DOWN
Building Contractor's Company Name: DORIS MILLS & SANDRA GAVIN Telephone: 919 552-6397 910 470-2607
Address: 2812 BAPTIST GROVE Rd FIVE License #: OWNER
Signature of Owner/Contractor/Officer(s) of Corporation: Doris Mills / Sandra Gavin Must sign & fill out second page

Electrical Permit Information

Description of Work: _____ Service Size: 60 Amps TPole: yes/no
919 552-6397 910 470-2607
Electrical Contractor's Company Name: _____ Telephone: _____
Address: 2812 BAPTIST GROVE Rd FURQUAY VARNIA NC License #: OWNER
Signature of Officer(s) of Corporation: Doris Mills / Sandra Gavin

Mechanical Permit Information

Description of Work: WALL UNIT
R.B. JOHNSON GAS
Mechanical Contractor's Company Name: _____ Telephone: _____
Address: _____ License #: OWNER
Signature of Officer(s) of Corporation: Doris Mills / Sandra Gavin

Plumbing Permit Information

Description of Work: John Gavin & Sandra Gavin # Baths: 1
Self 910 470-2607
Plumbing Contractor's Company Name: _____ Telephone: _____
Address: 2812 BAPTIST GROVE Rd FURQUAY VARNIA License #: OWNER
Signature of Officer(s) of Corporation: Doris Mills / Sandra Gavin

Insulation Permit Information

Insulation Contractor's Company Name & Address: Self Telephone: 910 470-2607

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.

Devi Mills Sandra Yari 7- March 2010
Signature of Owner/Contractor/Officer(s) of Corporation 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: Devi Mills Sandra Yari
Sign w/Title: Devi Mills Sandra Yari Date: 7 March 2010
OWSEN

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure _____ Phone _____

Owner (s) Mailing Address _____

Land Owner Name (s) _____ Phone _____

Construction or Site Address _____

PIN # _____ Parcel # _____

Job Cost _____ Description of Work to be done _____

Mechanical New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical* 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington

Subdivision _____ Lot # _____

I Kent Johnson will provide the Mechanical labor on this structure
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17164, which entitles me to perform such work on the above structure legally All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations

J + M Heating + A/C
Contractor's Company Name

910-897-5501
Telephone

724 Tur/Inston Road Dunn NC
Address

Email Address

17164
License #

Structure Owner / Contractor Signature Kent Johnson Date 1-10-12

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work

*Company name, address, & phone must match information on license