

* 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 # 24052
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: JONATHAN C. BOONE Date: 3/22/10
Site Address: 115 LONNIE BETTS DR. HS 27540 Phone: (919) 868-8763
Directions to job site from Lillington: TAKE HWY 401 N TO CHRISTIAN LIGHT RD. TL - GO TO HWY 42 TL - GO TO LONNIE BETTS DR. DO LEFT - HOUSE IS 1st C-X-DE-SAC
Subdivision: AUSTIN FARMS Lot: 5
Description of Proposed Work: FINISH BOARDS/BATH/STAIR #Bedrooms: 3 - EXISTING - NONE NEW
Heated SF 766 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

JONATHAN C. BOONE (OWNER) (919) 868-8803
Building Contractor's Company Name Telephone
115 LONNIE BETTS DR. HOLY SPRINGS NC 27540 N/A
Address License #

Jonathan C. Boone Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work ALTERATION Service Size: 200 Amps TPole: yes (no)
REX DEAN ELECT. (919) 552-4282
Electrical Contractor's Company Name Telephone
8039 KENNIFREE RD. WILLOW SPRING, NC 27592 5748-L
Address License #

Rex Dean
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work ALTERATION
JC'S HEATING & AC (919) 552-6258
Mechanical Contractor's Company Name Telephone
1539 WADE STEPHENSON RD. HOLY SPRINGS NC 27540 12655
Address License #

Jerry Carroll
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work ADD BATHROOM # Baths _____
MICHAEL SMITH (919) 868-3060
Plumbing Contractor's Company Name Telephone
109 ADLITZ B LN. AWGIER, NC 27501 18200-PI
Address License #

Michael Smith
Signature of Officer(s) of Corporation

Insulation Permit Information

INSULATING INC 1212 HOME CO. RALEIGH, NC 27603 (919) 772-9000
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.

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.

Jonathan C. Dean
Signature of Owner/Contractor/Officer(s) of Corporation

3/24/10
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: _____

Sign w/Title: Jonathan C. Dean OWNER Date: 3/24/10