

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

SCANNED
8/19/10
DATE

Application # 10-500-24997

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: Lois Castle Date: _____
Site Address: 83 Topsail Drive Phone: 919-331-0086
Directions to job site from Lillington: _____
SEE ATTACHMENT

AUG X 6 ENT'D

Subdivision: Autumn Point Lot: 4
Description of Proposed Work: Convert screen room into sunroom # of Bedrooms: _____
Heated SF: — Unheated SF: Built open deck Finished Bonus Room? — Crawl Space: — Slab: —

General Contractor Information

Champion windows Telephone: 919-460-6632
Building Contractor's Company Name
300 Dominion Drive Email Address: raleigh.prmgr@championfactorydirect.com
Address
[Signature] License #: 64692
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work: 4 outlets 2 sub Service Size: _____ Amps T-Pole: — Yes — No
Alpine Electric Telephone: 625-6388
Electrical Contractor's Company Name
981 Sunrise Drive Email Address: _____
Address
[Signature] License #: 21763-00-0
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE: General Contractor must fill out and sign the second page of this application.

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.


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

Date

9/5/10

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.

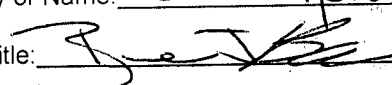
___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Champion Windows

Sign w/Title:  Patio Room MGR Date: 8-5-10

