

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

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Jeremy & Michelle Hammons Date: 12/27/10
Site Address: 15 Meadow View Ct Furgay Varina NC Phone: 919-649-5035
Directions to job site from Lillington: Austin Farms
Old Oak Ridge Dr

Subdivision: Austin Farms Lot: 19
Description of Proposed Work: Turning Bonus to Bedroom + Attic to Bonus # of Bedrooms: 4
Heated SF: 2600 Unheated SF: 230 Finished Bonus Room? Yes Crawl Space: Slab:

General Contractor Information

Jeremy Hammons
Building Contractor's Company Name Telephone
Address Email Address
Jeremy Hammons Owner
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work Wire HVAC, Lights, Receptacle Service Size: 200 Amps T-Pole: Yes No
Jeremy Hammons
Electrical Contractor's Company Name Telephone

Address Email Address
Jeremy Hammons Owner
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work New 1.5 ton Heat Pump + Duct work
Jeremy Hammons
Mechanical Contractor's Company Name Telephone

Address Email Address
Jeremy Hammons Owner
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

Jeremy Hammons Owner
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 Hamett 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 Hamett 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.

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

12/27/2010
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: Jeremy Hammas

Sign w/Title: *Jeremy Hammas* Owner

Date: 12/27/2010