

SCANNED
10-11-10
DATE

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Application # 10-500-25354

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

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: GLADYS SILVIS Date: 10-8-10
Site Address: 10108 NC 42 Holly Springs Phone: 919-557-5099
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: Construct Addition # of Bedrooms: 5+large
Heated SF: 326 Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

B3 INC. Telephone: 919-291-1587
Building Contractor's Company Name
219 Wilmet Dr, Raleigh, NC Email Address: BurnhamDW@gmail.com
Address
DM Burnham License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work: Addition Service Size: _____ Amps T-Pole: Yes No
THOMAS SENGHOUSE Telephone: 552-3640 868 5632
Electrical Contractor's Company Name
Holly Springs Elect. Ser. Inc. Email Address: _____
Address: 8000 Buckhorn Duncan Rd NC 27540 License # 20119 SED
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work: Relocate outlet vent
Rescom mech.
Mechanical Contractor's Company Name Telephone: 291 9448
9101 White Oak Rd Garner N.C Email Address: 8578
Address
Donald Dean License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work: INSTALL BATH # Baths: 1
DAV REPAIR SERVICES Telephone: 552-6011
Plumbing Contractor's Company Name
288 BAKER TOWN RD, FAYETTEVILLE, NC Email Address: _____
Address
Don Cain License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Insulating Inc. Telephone: 772-9060
Insulation Contractor's Company Name & Address

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

OCT X 8 ENTD

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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 - 0 Months to 2 years permit re issue fee is \$150.00. After 2 years reissue fee is as per current fee schedule.

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

9-13-10
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: B3, Inc.

Sign w/Title: [Signature] President Date: 9-13-10

0626-81-5195
05-0624-005A
TR#1
Curtis Silvis
Publ.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Mrs. Curtis Silvis Phone: 919-557-5099

Owner (s) Mailing Address: 10168 Hwy 42 Holly Springs

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 10168 Hwy 42 Holly Spring

PIN or Parcel # from GIS: _____

Job Cost: 225.00 Description of Work to be done: Rehook Gas Pack
Rerun gas line from 2nd regulator to gas pack

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping

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 #: _____

Mike Denning will provide the gas piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21095, 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.

Structure owner(s) signature: _____ Date: _____

Company Name: Dixie Denning Supply Co Phone: 919-894-3824

Address: P.O. Box 517 27504 County: Johnston

Contractor's License #: 21095 Email Address: dunning.mma@gmail.com

Contractor's Signature: Mike E. D. Date: 1-6-11

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