

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

**Application for Residential Building and Trades Permit**

Owner s Name Josh & Amy Rennie Date 11.15.12

Site Address 268 Thames Ave Lillington NC 27546 Phone 910.985.1332

Directions to job site from Lillington \_\_\_\_\_

South on Main St toward E. Front St.

1st Right on 421 N/W Front St., go 2 miles make (R) on Thames Ave

Subdivision N/A Lot \_\_\_\_\_

Description of Proposed Work Addition # of Bedrooms 1

Heated SF 388 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Riddle Residential Construction 919.775.2008

Building Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

246 Charles Riddle Rd Sanford NC 27330 Build@homesbyg riddle.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

62071

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No

Jm Pope Electrical 919.776.5144

Electrical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

409 Chatham St Sanford NC 27332 electcpope@windstream.net

Address \_\_\_\_\_ Email Address \_\_\_\_\_

4077

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Carolina Air, Inc. 910.585.2425

Mechanical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

3700 Hwy 15-501 Carthage NC 28327 gary@carolinaair.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

23549

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Cox Brothers Plumbing 919.353.0166

Plumbing Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

8301 Hillcrest Farm Rd Sanford NC 27330 Plummer1@windstream.com

Address \_\_\_\_\_ Email Address \_\_\_\_\_

8644

License # \_\_\_\_\_

**Insulation Contractor Information**

Tatum Insulation 919.661.0999

Insulation Contractor s Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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]  
Signature of Owner/Contractor/Officer(s) of Corporation

11.15.12  
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 Riddle Residential Construction, LLC

Sign w/Title [Signature], Member Date 11.15.12

12X 33.4 add With Bdr

Plan Box #

A-9

Date

11-7-12

Job Name

Riddle Residential

App #

11 5 70 25937

Valuation

24949

SQ Feet

384

**Inspections for SFD/SFA**

Crawl

Slab

Mono

Footing

Foundation

Address

Open Floor

Rough In

Insulation

Final

Footing

Foundation

Address

Slab

Rough In

Insulation

Final

Plumbing Under Slab

Ele. Under Slab

Address

Mono Slab

Rough In

Insulation

Final

>2500

>2500

>2500

Foundation Survey No

Envir. Health Exist

Other \_\_\_\_\_

**Additions / Other**

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final