

\* 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 # 11-500-26019

SCANNED

**Application for Residential Building and Trades Permit**

3/15

Owner's Name: Michael L. Jones Date: 2/4/11

Site Address: 342 Kipling Road, Fuquay-Varina, NC Phone: 810 630 4600

Directions to job site from Lillington: 401 N from Lillington to Kipling, turn left on Kipling Road, fifth house on the right

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Renovations/addition to existing house # of Bedrooms: 3

Heated SF: 2058 Unheated SF: 404 Finished Bonus Room? No Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name: MICHAEL L. JONES Telephone: \_\_\_\_\_

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

Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: OWNER

**Electrical Contractor Information**

Description of Work: Replace panel, wire addition Service Size: 200 Amps T-Pole:  Yes  No

Electrical Contractor's Company Name: White & Company, Inc. Telephone: 910-897-6525

Address: PO Box 427 Erwin NC 28339 Email Address: whitecompanyinc@earthlink.net

Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 22907-U

**Mechanical/HVAC Contractor Information**

Description of Work: remove old system, install new split system and ductwork

Mechanical Contractor's Company Name: Apex Heating & Air Telephone: 919-467-8823

Address: 1231 Perry Rd Ste 106 Apex NC 27502 Email Address: apexhvac@bellsouth.net

Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 13755

**Plumbing Contractor Information**

Description of Work: Install plumbing for new addition, replace drain piping # Baths: 1.5

Plumbing Contractor's Company Name: JUSTIN ALLEN PLUMB Telephone: (919) 201-1319

Address: 7345 Shady Stoll Ln Willow Springs NC Email Address: justinallenplumb@hotmail.com

Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 29599

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address: Arnold's Drywall Inc. 3968 Wendell Rd NC Telephone: 919 538 6418

Address: WENDELL, NC

FEB X 8 ENTD

\*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.

Michael L. Jones  
Signature of Owner/Contractor/Officer(s) of Corporation

2/4/11  
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: Michael L. Jones

Sign w/Title: Michael L. Jones Date: 1/10/2011