

* 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 # 11-50026025

SCANNED
3/3/11
DATE

Application for Residential Building and Trades Permit

MAR X 3 ENTD

Owner's Name: Beau S Axton & Amanda M Axton Date: 2/7/2011

Site Address: 179 Tilden Howington Drive Phone: 910-429-4750

Directions to job site from Lillington: 421 towards Sanford, turn left on Old Hwy 421 approx 2 miles turn left into 2nd Mamie Bell Ridge entrance Tilden Howington Drive, 1st house on left.

Subdivision: Mamie Bell Ridge Lot: _____

Description of Proposed Work: Finish bonus room, bath, ~~bedroom~~ ^{family room} & office # of Bedrooms: none

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Amanda Axton & Beau Axton

910-429-4750

Building Contractor's Company Name

Telephone

179 Tilden Howington Drive, Lillington, NC

amanda.axton@gmail.com

Axton

Email Address

OWNER

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

License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Gary Shindeldecker G&S ELECTRICAL

919-215-0106 (cell)

Electrical Contractor's Company Name

Telephone

2745 Kipling Rd, Fuquay Varina 27526

Gary Shindeldecker

Email Address

10259-L

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

License #

Mechanical/HVAC Contractor Information

Description of Work J.C.'s heating and air conditioning Telephone 919-552-3053 (office)

Mechanical Contractor's Company Name

Telephone

1539 Wade Stephenson Rd., Holly Springs 27540

Email Address

12655 H 3

James Carl

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

STRAIGHT FLOW PLUMBING

919-422-8044

Plumbing Contractor's Company Name

Telephone

978 MITCHELL ROAD, LILLINGTON 27546

Jason Mills

Email Address

12655

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

License #

Insulation Contractor Information

Insulating Inc. - Gary Yoder Telephone 919-842-0888

Insulation Contractor's Company Name & Address

Telephone

\$50.00
2/23/11

\$65.00

\$60.00

\$45.00

*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.

AM Ayton

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

2/7/2011

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: Owners acting as general contractors, all subs will have their own workers' compensation.

Sign w/Title: AM Ayton

Date: 2/7/2011