

16x22 Deck Built without Pmts

Deck → 115 00 27400
Application #

Pool → 115 00 27401

* 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: TONY & PATTI ARNOLD Date: 9/16/11
Site Address: 3512 KIPLING RD. Phone: 919-868-8187
Directions to job site from Lillington: TAKE US 401 NORTH TO KIPLING, TURN LEFT ON KIPLING ROAD, DRIVE 3.4 MILES TO LAST HOME ON RIGHT BEFORE CHRISTMAS LIGHT ROAD

Subdivision: _____ Lot: _____
Description of Proposed Work: PERMIT PREVIOUS BLT. SUN ROOM # of Bedrooms: _____
Heated SF: 1800 Unheated SF: 300 Finished Bonus Room? _____ Crawl Space: Slab:

General Contractor Information

WES MATTHEWS RES. SVCS. 919-868-8187
Building Contractor's Company Name Telephone
5691 PAULS CHURCH ROAD WESMATT@CHARTER.NET
Address Email Address
70453

Electrical Contractor Information

Description of Work PERMIT EXISTING Service Size: 200 Amps T-Pole: Yes No
WES MATTHEWS RESIDENTIAL SVCS. 919-868-8187
Electrical Contractor's Company Name Telephone
5691 PAULS CHURCH ROAD
Address Email Address
2120A
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Insulation Contractor Information

INSULATING INC, RALEIGH, NC 919-772-9000
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 Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that I **affirm that I have obtained all listed contractors 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.

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

8/16/11
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: WES MATTHEWS RESIDENTIAL SERVICES

Sign w/Title: Wes Matthews - PROPRIETOR Date: 8/16/11