(3)

09/09/11

Application # _____

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 Roy Adams Date 7-13-12

Site Address 85 Rollins Mill Rd. Holly Springs Phone 919-552-0123

Directions to job site from Lillington _____

Subdivision no Lot _____

Description of Proposed Work detached garage w/ breezeway # of Bedrooms _____

Heated SF _____ Unheated SF 864 Finished Bonus Room? N Crawl Space ___ Slab ✓

General Contractor Information

Riddle Residential Construction, LLC — 919-775-2008-office
Building Contractor s Company Name — Telephone 919-721-4664 cell

246 Charles Riddle Rd. — rrcllc@ymail.com
Address Sanford, NC 27330 — Email Address

62071
License #

Electrical Contractor Information

Description of Work wiring Service Size 400 Amps T-Pole ___ Yes ✓ No

Wicker's Electric Inc. — 919-258-9723
Electrical Contractor s Company Name — Telephone

410 Womack Lake Circle Sanford — gina_jordanw@yahoo.com
Address — Email Address

10908-L
License #

Mechanical/HVAC Contractor Information

Description of Work n/a

_____ — _____
Mechanical Contractor s Company Name — Telephone

_____ — _____
Address — Email Address

_____
License #

Plumbing Contractor Information

Description of Work n/a # Baths _____

_____ — _____
Plumbing Contractor s Company Name — Telephone

_____ — _____
Address — Email Address

_____
License #

Insulation Contractor Information

Insulating Inc. — 919-776-4138
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 of Owner/Contractor/Officer(s) of Corporation _____ Date 7-13-12

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 _____ owner Date 7-13-12

Change EL Contractor

Application # 12500293 85

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Ray R. Adams Phone: _____

Owner (s) Mailing Address: 85 Rollins Mill Rd

Land Owner Name (s): Roy R Adams Phone: _____

Construction or Site Address: _____

PIN # 0506260059 03 Parcel # _____

Job Cost: _____ Description of Work to be done Garage + New Meter Base

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

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 #: _____

I Jerry W. Cummings will provide the Electric labor on this structure.

(Contractors Name) (Trade)

I am the building owner or my NC state license number is 040770, 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.

JM Pope Electric LLC

Contractor's Company Name

1-910-890-3655

Telephone

409 Chatham St Sanford

Address

electric pope @ windstream.net

Email Address

040770

License #

Structure Owner / Contractor Signature: Jerry W. Cummings Date: 8-8-2012

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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

Change EL Contractor

Application # 12500 29385

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

SCANNED

DATE

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Roy R. Adams Phone:

Owner (s) Mailing Address: 85 Rollins Mill Rd

Land Owner Name (s): Roy R Addams Phone:

Construction or Site Address:

PIN # 0506261005903 Parcel #

Job Cost: Description of Work to be done Garage + New Meter Base

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

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 #:

I Jerry W. Cummings will provide the Electric labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 04077U, 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.

JM Pope Electric LLC
Contractor's Company Name

1-910-890-3655
Telephone

409 Chatham St Sanford
Address

electricpope@windstream.net
Email Address

04077U
License #

Structure Owner / Contractor Signature: Jerry W. Cummings Date: 8-8-2012

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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