

09/09/11

Application #

17-50029663

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 MATTHEW A. PORTER Date 7 Sept 17
Site Address 103 MYSTIC LN Lillington NC Phone 910 916 2780
Directions to job site from Lillington Head towards CARLEE C's, TURN onto MAMEN, OLD 42 Hwy, Follow to McDougald Rd, veer left. Go for 1/2 miles to Mystic Ln. TAKE left, House on left.
Subdivision AVAS Ridge Lot _____
Description of Proposed Work Attached Double CAR GARAGE # of Bedrooms 3
Heated SF _____ Unheated SF 576 Finished Bonus Room? _____ Crawl Space _____ Slab

General Contractor Information

Matthew A PORTER (As owner) Telephone 910 916 2780
Building Contractor's Company Name _____
103 Mystic LN Lillington, NC 27546 Email Address map2002mar@gmail.com
Address _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
As Owner Telephone _____
Electrical Contractor's Company Name _____
Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

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

License # _____

Plumbing Contractor Information

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

License # _____

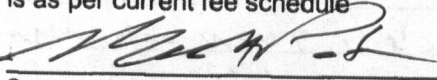
Insulation Contractor Information

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

7 Sept 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

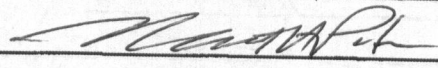
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Matthew A. PORTER

Sign w/Title  Date 7 Sept 12

Attached 690

Date 9-7-12 ✓

Plan Box # A-8

Job Name _____

App # 12500 29663

Valuation 15028

SQ Feet 576

Inspections for SFD/SFA

Crawl _____

Slab X

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey No

Envir. Health Existing

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

ST-100

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