

09/09/11

Application # 1350030420

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 Anthony Aguilar Date 1/23/13
Site Address 125 Buck Lane Sanford 27332 Phone 915-603-2669
Directions to job site from Lillington _____

Subdivision Buffalo Lakes Lot _____
Description of Proposed Work 30'x30' Concrete Patio # of Bedrooms _____
Heated SF Unheated SF Outdoor Kitchen Finished Bonus Room? _____ Crawl Space NA Slab yes

General Contractor Information

Chapman-Wilson Telephone 910-424-4663
Building Contractor's Company Name
106 Hope Mills Rd. Fay, NC 28304 Email Address chapwil@aol.com
Address
48613 WL
License #

Electrical Contractor Information

Description of Work Low Voltage & Receptacles Service Size _____ Amps T-Pole Yes No
Baxter Electric Telephone 910-885-3651
Electrical Contractor's Company Name
6911 Phillips Church Rd. Email Address _____
Address
11284-U
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work One Basin Free Sink & Supply # Baths 0
Toros Plumbing Telephone 378-3288
Plumbing Contractor's Company Name
6879 Family St. Fay, NC 28304 Email Address _____
Address
27018 T-1
License #

Insulation Contractor Information

NA Telephone _____
Insulation Contractor's Company Name & Address

*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

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

1/23/13
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 Chopra-Wilson

Sign w/Title Thomas Soto Project Manager Date 1/23/13