

09/09/11

Application #

40357

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*\* Per Customer NO Building \**  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work HVAC \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
owner  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work MAIN-KITCHEN & BATH # Baths 1/2

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
owner  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

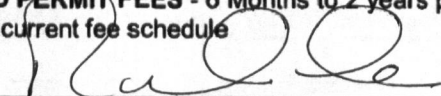
**Insulation Contractor Information**

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

4 JAN 2017  
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

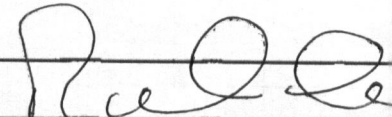
Has three (3) or more employees and has obtained workers compensation insurance to cover them


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 

Sign w/Title  Date 4 JAN 2017

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

	Page	2
Application Number . . . . .	16-50040357	Date 1/04/17
Property Address . . . . .	31 GREEN LEVEL DR	
PARCEL NUMBER . . . . .	04-0663- - -0031- - -	
Application description . . .	CP ADD & ALTER RESIDENTIAL	
Subdivision Name . . . . .	NEILLS CREEK FARMS PHASE 1	
Property Zoning . . . . .	RES/AGRI DIST - RA-40	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . RESIDENTIAL MECHANICAL PERMIT					
999	409	M409	R*GAS PIPING	_____	___/___/___
999	407	M407	R*MECH ABOVE CEILING	_____	___/___/___
999	405	M405	R*MECHANICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
Permit type . . . . RESIDENTIAL PLUMBING PERMIT					
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	315	P315	R*PLUMB HW HEATER	_____	___/___/___



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

-----

Application Number . . . . .	16-50040357	Date	1/04/17
Property Address . . . . .	31 GREEN LEVEL DR		
PARCEL NUMBER . . . . .	04-0663- - -0031- - -		
Application type description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .	NEILLS CREEK FARMS PHASE 1		
Property Zoning . . . . .	RES/AGRI DIST - RA-40		

Owner

Contractor

-----

MARQUEZ MARIA D  
31 GREEN LEVEL DRIVE  
ANGIER NC 27501

-----

OWNER

Applicant

-----

COLE ROBERT  
31 GREEN LEVEL DR  
ANGIER NC 27501  
(919) 244-5887

--- Structure Information 000 000 ADDING BOUNS AREA IN STORAGE BLDG  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . SEPTIC - EXISTING? EXT TANK  
WATER SUPPLY COUNTY

-----

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1173343  
Issue Date . . . . . 1/04/17 Valuation . . . . . 0  
Expiration Date . . . . . 1/04/18

-----

Permit . . . . . RESIDENTIAL PLUMBING PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1173350  
Issue Date . . . . . 1/04/17 Valuation . . . . . 0  
Expiration Date . . . . . 1/04/18

Special Notes and Comments

T/S: 12/09/2016 11:04 AM JBROCK ----  
NEILLS CREEK LOT 58 - 31 CREEN LEVEL  
DR

-----

---



---