

w/p/10/09/09/11

Application # 17-50041716

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 Thurman Tart Date 7/10/17
Site Address 82 OAK Valley Farm Rd, Coats NC Phone 919-669-8832
Directions to job site from Lillington 421 S to 27 toward Coats. 910-237-6141
Right ~~of~~ onto Red Hill Church Rd. Approx 5 miles,
TURN Rt. onto CAME Mill Rd. 1.5 mile. Rt. on oak Valley. 2ND House ON Rt.
Subdivision N/A Lot X
Description of Proposed Work 20x20 Screen Porch # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

SPB Enterprises 919-669-8832
Building Contractor's Company Name Telephone
217 Highland Drive Angier NC Jeff Speight 61@Yahoo.com
Address Email Address
72300
License # _____

Electrical Contractor Information

Description of Work Self Lights & Fan Service Size _____ Amps T-Pole _____ Yes _____ No
910-237-6141
Electrical Contractor's Company Name Telephone
82 oak Valley Farm Rd
Address Email Address
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

N/A
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

[Handwritten Signature] 7/10/17

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 SPB Enterprises Inc.

Sign w/Title *[Handwritten Signature]* VP, Date 7/10/17