

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 15759

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: George Rogers Date: _____
Address: 267 Blanchard Rd Sanford NC Phone: 919 498-1865
Directions to job site from Lillington: _____

Subdivision: Overview Estates Lot: 7

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

George Rogers 919 498-1865
Building Contractor's Company Name Telephone

267 Blanchard Sanford NC 27332 Owner
Address License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____

TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Undergroud Overhead () Service Size: 300 Amps

Joe Hulon (910) 425-5774 - Cell 964-2230
Electrical Contractor's Company Name Telephone 2230

3528 Old Plank Rd. Hope Mills NC 4022
Address 28348 License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Install Heatpump

Number of Units 1 Type System Heatpump Mechanical Cost \$ _____

Wilkerson Sheetmetal 910-425-1526
Mechanical Contractor's Company Name Telephone

P.O Box 601 Hope Mills 8363
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____

Number of Baths _____ Plumbing Cost \$ 1,850.00

Earlise Jones Plumbing Co. 910-484-9403
Plumbing Contractor's Company Name Telephone

2550 murrel Dr, Fay NC 28306 4610
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Owner
Insulation Contractor's Company Name & Address Telephone

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: George Rogers

Sign/Title: Owner [Signature]

Date: 10-18-06