* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 150021878

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

	Application for residential building and T	iddes Fermit
$\int a$	Owner's Name: Jimmy Yarborough	Date:
10 /	Site Address: 2958 Kipling Rd, Fuguay - Varina	NC Phone: 919-552-9120
1001	Directions to job site from Lillington:	31236
$O_{\mu}O_{\mu}$	HOI North - Left on Kipling Road -	Go 2.5 miles -
人!1	Jobsite will be on RIGHT.	
(Subdivision:	Lot:
	Description of Proposed Work: New Home	# of Bedrooms:3
	Heated SF: <u>2119</u> Unheated SF: Finished Bonus Room? <u>.</u> General Contractor Information	
	Jimmy Yarborough	919-552-9120
	Building Contractor's Company Name	Telephone
	Address No. 155, Kipling, NC 27543	Etync Qyahoo. com Email Address
	License #	
	Electrical Contractor Informatio	<u>n</u>
	Description of Work Electrical - New Corst . Service Size:	
	Electrical Contractor's Company Name	(910)893-6650 Telephone
	1948 N.C. Hwy 27 West Lillington, NC Address 27546	tagrea 21217 (Dembargmail.con
	21717-42	
	License # Mechanical/HVAC Contractor Inform	astion
	Description of Work #VAC - New Construction	MILION .
×	Mechanical Contractor's Company Name	919-552-9120 Telephone
	P.O. Box 155, Kipling, NC 27543	Etynca shoo.com Email Address
	License #	_
	Plumbing Contractor Informatio	the state of the s
	Description of Work flumbing New Construction	
	Plumbing Contractor's Company Name	919-201-1319 Telephone
	7345 Shady Stroll Lane Willowspring Address NC 27543	justinallenplmb@hotonailocom
	29 59 8 License #	
	Insulation Contractor Information	_ ^
	FORM WORKS INSULATERS LLC	919-772-9000
	Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
Do you own the land on which this building will be constructed? Yes No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo
3. Do you intend to directly control & supervise construction activities? Yes No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? YesNo
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 I affirm that I have obtained all listed contractors 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.
Littlerstund right
Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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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
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
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