

* 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 PermitOwner's Name Manuel & Nellie Ruth Enos Date 3-2-12Site Address 14199 NC 210 S Phone _____Directions to job site from Lillington Straight down Hwy 210Subdivision Anderson Creek Lot 11Description of Proposed Work Garage # of Bedrooms _____Heated SF _____ Unheated SF 832 Finished Bonus Room? _____ Crawl Space _____ Slab ☒**General Contractor Information**Building Contractor's Company Name Hayes, IncTelephone (910) 323-9112Address P.O. Box 53694 Fayetteville, NC 28305Email Address hayesinc@ncrr.comLicense # 42892 LL**Electrical Contractor Information**Description of Work Lights, Receptacles Service Size 100 Amps T-Pole subpanel Yes _____ No _____Electrical Contractor's Company Name IntelectTelephone (910) 481-6840Address 401 Robeson Street Fayetteville, NC

Email Address _____

License # 27366-U**Mechanical/HVAC Contractor Information**Description of Work N/A

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor InformationDescription of Work Sink, hose bib # Baths 0Plumbing Contractor's Company Name Town & CountryTelephone (910) 483-4783Address 414 Cedar Creek Rd, Fayetteville NC 28312

Email Address _____

License # 9000**Insulation Contractor Information**Insulation Contractor's Company Name & Address N/A

Telephone _____

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

Henry S Hayes

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

3-2-12

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 *Hayes Inc*

Sign w/Title *Henry S Hayes* *President* Date *3-2-12*

Plan Box # A4

Date 3-2-12

Job Name Hayes Inc.

App # 1250028494 Valuation 14,191 SQ Feet 676

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Footing
Foundation
Address
Open Floor
Rough In
Insulation
Final

Footing
Foundation
Address
Slab
Rough In
Insulation
Final

Plumbing Under Slab
Ele Under Slab
Address
Mono Slab
Rough In
Insulation
Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir Health _____

Other _____

.....
Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____