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

revised
6.8.12

Application for Residential Building and Trades Permit

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

Owner's Name DANIEL E SETH NICOLAYEV Date June 6-2012

Site Address 105 TOPSAIL DRIVE Phone 919-369-5300

Directions to job site from Lillington hwy 210 -> (L) on James Morris Rd. neighborhood on Right (TOPSAIL DR)

Subdivision LOT 5 AUTUMN POINTE Lot 5

Description of Proposed Work DETACHED GARAGE # of Bedrooms 0

Heated SF 0 Unheated SF 540 Finished Bonus Room? Crawl Space Slab X

General Contractor Information

ENVISION BUILT LLC

919-369-5300

Building Contractor's Company Name

Telephone info@envisionbuilt.com

1421 E. Broad St. Fuquay-Varina 27526

Address

Email Address

69152

License #

Electrical Contractor Information

Description of Work ~~7000 BTU~~ Service Size Amps T-Pole Yes No

Electrical Contractor's Company Name

Telephone

Address

Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work # Baths

Plumbing Contractor's Company Name

Telephone

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

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PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Seth / Daniel Nicolayau Phone: 910-987-7037

Owner (s) Mailing Address: 105 Topsail dr
Angier

Land Owner Name (s): seth / Daniel Nicolayau Phone: 987-3037

Construction or Site Address: 105 TOPSAIL DR , Angier

PIN # _____ Parcel # _____

Job Cost: 380 Description of Work to be done 60W service to ~~house~~
new garage connected to house.

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Envision Built will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 69152, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Wright Bros Electric Co, Inc
Contractor's Company Name

919-422-0990
Telephone

711 N Person st Raleigh 27604
Address

trex@wbe-nc.com
Email Address

23342-L
License #

Structure Owner / Contractor Signature: [Signature] Date: 8-3-2012

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

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

6-6-2012
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 ENVISION BUILT

Sign w/Title  (William Ahle - Owner) Date June 6-2012