

Application # 10-50030111  
38230

**Harnett County Central Permitting**  
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: Nancy & Mike Lancaster Phone: 214-914-8185

Owner (s) Mailing Address: PO Box 112  
Olivia, NC 28368

Land Owner Name (s): - same - Phone: \_\_\_\_\_

Construction or Site Address:  
PIN # 9500-71-9349 Parcel # 09-0500-01-0001-73

Job Cost: \_\_\_\_\_ Description of Work to be done Plumb for water tap

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: Fake / Patterson Lot #: B

I Celey's Quality Services will provide the plumbing labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, 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.

Celey's Quality Services, LLC  
Contractor's Company Name  
636 Old Roberts Rd, Benson, NC 27504  
Address  
17405

919-938-1813  
Telephone  
celeys@celeys.com  
Email Address

License # \_\_\_\_\_

Structure Owner / Contractor Signature: [Signature] Date: 5/10/16

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

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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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

✓ Mike Cannon  
Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

✓ Mike Cannon  
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 \_\_\_\_\_

✓ Mike Cannon  
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**

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

✓ *M. J. Lawrence*  
Signature of Owner/Contractor/Officer(s) of Corporation

5/12/2016  
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 \_\_\_\_\_

✓ Sign w/Title *M. J. Lawrence* owner Date 5/12/2016

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 16-50038600 Date 5/13/16  
Property Address . . . . . 94013 \*UNASSIGNED  
PARCEL NUMBER . . . . . 09-9566-01- -0001- -73-  
PIN . . . . . 9566-71-9349.000  
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED  
Subdivision Name . . . . . MIRE BRANCH ESTATES  
Property Zoning . . . . . PENDING

Owner	Contractor
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LANCASTER PATRICK M & NANCY	OWNER
9916 DALROCK RD	
RAWLETT TX 75089	

Applicant  
-----  
LANCASTER NANCY AND MIKE #B  
9916 DALROCK RD  
RAWLETT TX 75089  
(214) 914-8185

--- Structure Information 000 000 30X40 DETACHED SHOP  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 4.00  
PROPOSED USE SHOP  
SEPTIC - EXISTING? NEW  
WATER SUPPLY COUNTY

Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . 1200 SQ FT  
Phone Access Code . 1139997  
Issue Date . . . . . 5/13/16 Valuation . . . . . 0  
Expiration Date . . 5/13/17

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . .  
Phone Access Code . 1140003  
Issue Date . . . . . 5/13/16 Valuation . . . . . 0  
Expiration Date . . 5/13/17

Permit . . . . . LAND USE PERMIT  
Additional desc . .  
Phone Access Code . 1140011  
Issue Date . . . . . 5/13/16 Valuation . . . . . 0  
Expiration Date . . 11/09/16

Permit . . . . . RESIDENTIAL PLUMBING PERMIT

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Application Number . . . . .	16-50038600	Page	2
Additional desc . . . . .		Date	5/13/16
Phone Access Code . . . . .	1140029		
Issue Date . . . . .	5/13/16	Valuation . . . . .	0
Expiration Date . . . . .	5/13/17		

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Special Notes and Comments

T/S: 03/15/2016 09:37 AM DJOHNSON --  
27 W TOWARDS CAMERON GO PAST 87 THEN  
RIGHT ON MIRE BRANCH INTO MIRE BRANCH  
ESTATES BEFORE THE HWY 24 JUNCTION.  
TURN RIGHT ONCE IN THE DEVELOPMENT ON  
LAKERIDGE. FOLLOW LAKERIDGE TO  
OAKRIDGE TURN LEFT ON OAKRIDGE THE  
PROPERTY IS AT THE END OF OAKRIDGE.  
XX  
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Property Address . . . . .	94013 *UNASSIGNED	Date	5/13/16
PARCEL NUMBER . . . . .	09-9566-01- -0001- -73-		
PIN . . . . .	9566-71-9349.000		
Application description . . . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name . . . . .	MIRE BRANCH ESTATES		
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . RESIDENTIAL BUILDING PERMIT					
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type . . . . . RESIDENTIAL PLUMBING PERMIT					
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	315	P315	R*PLUMB HW HEATER	_____	___/___/___