

\* 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 # \_\_\_\_\_

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: Alphonso & Margaret Mosley Date: 10 Sept 2007  
Address: POB 1091 VASS, N.C. 28394 Phone: 910-245-4942  
Directions to job site from Lillington:  Hwy 24-27 West to Buffine Lake Rd  
Left on 87 1st left beside Plantation  
Subdivision: Badcock Lot: \_\_\_\_\_

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

Total Project Cost \$200,000 Description of Proposed Work: Childcare Center

Heated SF 1890 Crawl Space ( ) Slab ( ) Building Construction Cost \$ 152,000  
Unheated SF \_\_\_\_\_ Acres Disturbed 1 Stories 1

Comark Builders 910-739-0900  
Building Contractor's Company Name Telephone

6664 Deep Branch Road Pembroke NC 28372 24652 58667  
Address License #

Don Garton / John Beddow  
Signature of Owner/Contractor/Officer(s) of Corporation — Must sign back of form & workers comp

Description of Work Final Hook up Electrical Permit Information  
Electrical Cost \$ 250  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )

Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps

Purcell electric 910-603-1152  
Electrical Contractor's Company Name Telephone

63 Ray Ave Raeford NC 28327 16052L  
Address License #

Don Garton / John Beddow  
Signature of Officer(s) of Corporation

Description of Work \_\_\_\_\_ Mechanical Permit Information  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ included

Comark Builders 910-739-0900  
Mechanical Contractor's Company Name Telephone

6664 Deep Branch Road Pembroke NC 28372 24652 58667  
Address License #

Don Garton / John Beddow  
Signature of Officer(s) of Corporation

Description of Work Final Water Connection Plumbing Permit Information  
Number of Baths 5 Plumbing Cost \$ 400

Knight's Plumbing 910-639-5555  
Plumbing Contractor's Company Name Telephone

320 east New England Ave Pinebluff NC 28328 21681  
Address License #

Reggie Knight  
Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address

Telephone

Application # \_\_\_\_\_

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

Sprinkler Contractor's Company Name \_\_\_\_\_

Contact &amp; Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

All American

Fire Alarm Contractor's Company Name

401 WLT Rd. Packton

Address

Curtis Shirley / owner

Signature of Officer(s) of Corporation

Curtis Shirley - 910-229-5690

Contact &amp; Telephone

866 CSA

License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?

Yes ☒No ☐

**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)

1. 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? ☐ yes ☐ no
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? ☐ yes ☐ no

Sign &amp; date \_\_\_\_\_

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 if any changes occur including listed contractors, site plan, 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.

*Olafina M...*  
 Signature of Owner/Contractor/Officer(s) of Corporation

Date

10 Sept 2007

Application # \_\_\_\_\_

**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:

Little Miracles Child Care / COMAIK

Sign/Title:

[Signature] Owner and Person

Date:

9/10/07