

* 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 # 18155

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: Harnett County Bd Ed. Date: 7-18-07

Address: P.O. Box 1029 Lillington NC 27546 Phone: 910-893-4808

Directions to job site from Lillington: Travel NC 27 west 13 miles Turn (bear) right on Barbecue Church Rd. Travel approximately 4 miles turning left on olivia Rd.

Subdivision: _____ Lot: _____

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 12,000.00
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Harnett County Bd Ed. 910-893-4808
Building Contractor's Company Name Telephone

P.O. Box 1029 Lillington NC 27546 _____
Address License #

Dan McLean
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

* Description of Work New Service Electrical Cost \$ 4,000.00
TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground (X) Overhead () Service Size: 800 Amps
Phillip Page Elect. 910 893-4808

Electrical Contractor's Company Name Telephone
P.O. Box 1029 Lillington NC 27546 16583-L

Address License #
Phillip Page

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

* Description of Work Hook up bath in Modular
Number of Baths 2 Plumbing Cost \$ 1,200.00

Phillip Page Plumbins 910 893-4808
Plumbing Contractor's Company Name Telephone

P.O. Box 1029 Lillington NC 27546 7767
Address License #

Phillip Page
Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

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 & 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.

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

8-2-07
Date

**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: Harnett County Bd Ed.

Sign/Title: Dora McLean Asst. Maintenance Director

Date: 7-18-07