

* 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 # 10-50023666

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Phillip & Shurley Childress Date: 2/10/10

Site Address: Old Stage Rd, Lillington Phone: 910-980-9964

Directions to job site from Lillington: Travel Hwy 421/27 towards Harnett Co Airport take left on Old Stage Rd/Hwy 27 site will be 1/2 mi on

Subdivision: _____ Lot: _____

Description of Proposed Work: Installing Modular Home #Bedrooms: 5

Heated SF 2680 Unheated SF _____ Finished Rec Room? NO Crawl Space (X/Slab) _____

Select Homes **General Contractor Information** Telephone 980-581-0573

Building Contractor's Company Name _____ Telephone _____

Address 175 NC Hwy 49 S License # 41976

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work Wire/Mod Service Service Size: 200 Amps TPole: yes/no _____

Mountain View Electric LLC Telephone (336) 625-8413

Electrical Contractor's Company Name _____ Telephone _____

Address 432 Jones Rd Asheville, NC 27205 License # 20987-L

Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work Install HVAC system

Carlton Keith Sink Telephone 336-870-2429

Mechanical Contractor's Company Name _____ Telephone _____

Address P.O. Box 1878 Denton NC 27239 License # 22109

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

See attached sheet

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

N/A

(336) 464-2801

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

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: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Jeremy Hudspeth Plumbing _____ 336-577-0482
Plumbing Contractor's Company Name Telephone

110 Summit Pt Mocksville NC 22402P
Address 27028 License #

Signature of Officer(s) of Corporation _____
Jeremy Hudspeth

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

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, 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

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:

Select Homes Inc

Project Mgr Date: 2/10/10