

\* 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 # 125-A 28688

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: VICTOR LOPEZ Date: 6/5/12

Site Address: 336 RANSLOW LN. Phone: 910-578-3237

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

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

Description of Proposed Work: 5FD New Off frame modular #Bedrooms: 3

Heated SF 2448 Unheated SF 1867 Finished Rec Room? \_\_\_\_\_ Crawl Space ☒ Slab ( )

**General Contractor Information**

Homes By VANDERBILT 800-537-2448  
Building Contractor's Company Name Telephone

3300 Jefferson Davis Hwy 43964  
Address License #

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

**Electrical Permit Information**

Description of Work Modular home Service Size: 200 Amps TPole: yes ☒ no

Hot Shotz Electric 919-770-4249  
Electrical Contractor's Company Name Telephone

529. Baring Drive 17702-C  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Heat Pump & Ductwork  
Fewell Heat & AC 919-770-9560  
Mechanical Contractor's Company Name Telephone

PO Box 189 Barn Creek NC 20311  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work DWV Piping - modular home # Baths \_\_\_\_\_

HR G2 Plus Plumbing 919-770-0168  
Plumbing Contractor's Company Name Telephone

634 Censhale Rd Seaford NC 10924 PE  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**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.

*Lee West*  
Signature of Owner/Contractor/Officer(s) of Corporation

6/5/12  
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: Homes By Vanderbuilt

Sign w/Title: Permit Agent    Date: 6/5/12

OFF Frame

Plan Box #

E-3

Date

6-5-12

Job Name

Vanderbilt

App #

1250028688

Valuation

\$159050

SQ Feet

2448

Inspections for SFD/SFA

Crawl

Slab

Mono

Footing

Foundation

Address

Open Floor

Rough In

Insulation

Final

Footing

Foundation

Address

Slab

Rough In

Insulation

Final

Plumbing Under Slab

Ele. Under Slab

Address

Mono Slab

Rough In

Insulation

Final

>2500

>2500

>2500

Foundation Survey

No

Envir. Health

New Tanks

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

# Change of Contractor #

Application # 1250028688

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - [www.harnett.org/permits](http://www.harnett.org/permits)  
**Certification of Work Performed By Owner/Contractor**  
(Individual Trade Application)

Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_

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

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

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 CPS INC will provide the ELECTRICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28318-U, 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.

CERTIFIED POWER SOLUTIONS INC  
Contractor's Company Name

4830 HWY 301 SOUTH, HOPE WICKS NC  
Address

28318-U  
License #

910.723.0745  
Telephone

KECK.JUSTIN@YAHOO.COM  
Email Address

Structure Owner / Contractor Signature: \_\_\_\_\_ Date: 11/16/12

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**

