

Application # 1750041776

\* 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.

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: Don Horton Date: \_\_\_\_\_

Site Address: 150 Horton Circle Lillington, NC 27546 Phone: 910 890 0696

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

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

Description of Proposed Work: 30 x 76 off frame modular #Bedrooms: 3

Heated SF 2280 Unheated SF 1125 Finished Rec Room? \_\_\_\_\_ Crawl Space (0/ Slab ( )

**General Contractor Information**

TCC Vander built LLC 919-774-6319

Building Contractor's Company Name Telephone

3300 Jefferson Davis Hwy Sanford NC 27332 43964

Address License #

Must sign & fill out second page

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

**Electrical Permit Information**

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

Main Switch 910-944-4283

Electrical Contractor's Company Name Telephone

306 E MAIN ST Aberdeen NC 28315 23276

Address License #

Charles Ryba  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work

Carolina Air Heat & Cool Inc 910-947-2208

Mechanical Contractor's Company Name Telephone

2700 Hwy 15/501 Luthy NC 28327 23547

Address License #

Gary Bullard  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work # Baths 2

HR Curtis 919-770-0168

Plumbing Contractor's Company Name Telephone

6319 Carthage Rd Sanford NC 27330 10924

Address License #

HR Curtis  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulation Contractor's Company Name & Address Telephone



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

**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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
Date

8/8/17

**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: JCC Vanderbuilt LLC

Sign w/Title: [Signature] Officer/Agent    Date: 8/8/17