

09/09/11

Application #

17-500542255

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

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Jason + Amber Ross Date _____
Site Address _____ Phone 919-900-0820
Directions to job site from Lillington 421 toward Smith go approx 10 miles turn into Raven Rock Rd (R) go approx 2 miles subdivision to (L) Second lot to (R)
Subdivision _____ Lot 6A
Description of Proposed Work Off Frame modular # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Raven Rock mtl movers 919-75-3600
Building Contractor's Company Name Telephone
3335 NC Hwy 87 S Sanford NC N/A
Address Email Address
3400
License # _____

Electrical Contractor Information

Description of Work hook up electric Service Size 200 Amps T-Pole Yes No
Heaton Construction 919-353-1121
Electrical Contractor's Company Name Telephone
309 Long Circle Roanoke Rapids N/A
Address Email Address
17702
License # _____

Mechanical/HVAC Contractor Information

Description of Work hook up heat pump
Tin Shop 919-708-8340
Mechanical Contractor's Company Name Telephone
3489 Edwards Rd Sanford N/A
Address Email Address
22513
License # _____

Plumbing Contractor Information

Description of Work hook up water/sewer line # Baths 2
Heaton Construction 919-353-1121
Plumbing Contractor's Company Name Telephone
309 Long Circle Roanoke Rapids NC N/A
Address Email Address
24173
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE General Contractor must fill out and sign the second page of this application

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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

10/02/17
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

Raven Rock mH movers

Sign w/Title

Bully Syggs

Date

10/02/17

