

* 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: James Patterson Date: 2/26/18

Site Address: Oakridge Dunbar Rd (SR 1409) Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: OFF FRAME MOD # of Bedrooms: 3

Heated SF: 1404 Unheated SF: N/A Finished Bonus Room? N/A Crawl Space: Slab: _____

General Contractor Information

Freeman Mobil Home Movers 336 215 1621
Building Contractor's Company Name Telephone

Address _____ Email Address _____
2161
License # _____

Electrical Contractor Information

Description of Work Connect crossovers + connect to 200 amp Service Size: 200 Amps T-Pole: Yes No
Joey Hendon Electrical Services 910 740-6694
Electrical Contractor's Company Name Telephone

Address _____ Email Address _____
19728
License # _____

Mechanical/HVAC Contractor Information

Description of Work Connect heat pump
Swan Electrical + Air 336 685-9722
Mechanical Contractor's Company Name Telephone

Address _____ Email Address _____
13074
License # _____

Plumbing Contractor Information

Description of Work A+M Contractors # Baths 2
Connect to Septic + Water line 910 894-2191
Plumbing Contractor's Company Name Telephone

Address _____ Email Address _____
28648
License # _____

Insulation Contractor Information

FACTORY
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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.

P. Ha-Cook
Signature of Owner/Contractor/Officer(s) of Corporation

2/26/18
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: Capton Home of Sanford Loretta Carl

Sign w/Title: Project Manager Date: 2/26/18