

I, Charis West will  
be in charge of the  
Plans for this Project,  
and will be paying out of pocket.

Charis West

2-26-18

Notary Public

My commission expires: 1-22-2019



NOTARIAL PUBLIC

STATE OF TEXAS

County of Tarrant, State of Texas

Know all men by these presents

that I, the undersigned

*[Handwritten Signature]*



My Commission Expires

1-29-2019

STATE OF NORTH CAROLINA  
County of Harnett  
Inspections Department

**OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)**

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

93 Pinsetta Lane Spring Lake NC 28390 01 0534 0115  
CLARISTA WEST  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and initialing paragraphs 2-5 below and attesting to the following:

1. CW I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;  

OR

\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);
2. \_\_\_\_\_ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
3. \_\_\_\_\_ I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. \_\_\_\_\_ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
5. CW The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.

6. This AFFIDAVIT applies to the following trades:  
 Building     Electrical     Mechanical     Plumbing

7. The total cost of this project is \$ 8000.00  
[Signature] \_\_\_\_\_ 7-26-18  
(Signature of Affiant) Date

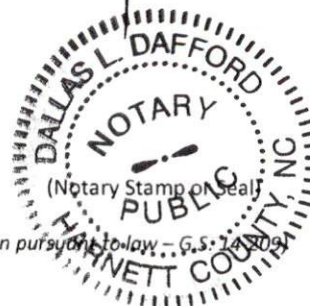
Sworn to (or affirmed) and Subscribed before me this the 26 day of July, 2018.

[Signature]  
Signature of Notary Public

Dallas L. Dafford  
Printed Name of Notary Public

My Commission Expires: 1-20-2019

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law - G.S. 14-209)



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 CLARISTA West Date 7-26-18

Site Address 93 Poinsetta Lane Phone 910-514-5760

Directions to job site from Lillington 210 S. to Flat Branch Fire Dept. Rd. to Elliott Bridge Rd. Bear right, turn right right on Poinsetta Lane, job site on left up the hill.

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

Description of Proposed Work \_\_\_\_\_ # of Bedrooms 2

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

General Contractor Information

Self (Clarista West)

910 514-5760 Telephone

Building Contractor s Company Name 93 Poinsetta Lane Spring Lake 28390 Address

claristawest@yahoo.com Email Address

License # \_\_\_\_\_

Electrical Contractor Information

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

Self (self) Electrical Contractor s Company Name

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_

Self (Clarista West) Mechanical Contractor s Company Name

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

Plumbing Contractor Information

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Self Plumbing Contractor s Company Name

Telephone \_\_\_\_\_

Self (Clarista West) Address

Email Address \_\_\_\_\_

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

Clayton J. [Signature]

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

7-26-18

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

Clayton J. [Signature]

Sign w/Title

Clayton J. [Signature]

Date

7-26-18