

* 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 # 44440

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: George / Kim West Date: _____
Site Address: Doug West Lane Springlake Phone: 910-292-2187
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: 41x76 off ground w 2x12 porch #Bedrooms: 3
Heated SF 2433 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

TCC Vanderbilt LLC Telephone 919-774-6319
Building Contractor's Company Name _____
3350 Jefferson Davis Hwy Sanford NC 27382 License # 43964
Address _____

[Signature] 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
CAROLINA A&E Inc Telephone 910-947-7707
Electrical Contractor's Company Name _____
3706 Hwy 15-501 CARTHAGE NC 28327 License # 32340
Address _____

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
~~CAROLINA A&E Inc~~ Homeowner Telephone ~~910-947-7707~~
Mechanical Contractor's Company Name _____
~~3706 Hwy 15-501 CARTHAGE NC 28327~~ License # ~~23549~~
Address _____

~~[Signature]~~ [Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____
66 R Curtis Telephone 919-770-0168
Plumbing Contractor's Company Name _____
6319 Caribton Rd Sanford NC 27330 License # 10924
Address _____

[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.

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

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:

TCC Vandeborn II LLC

Sign w/Title:

[Signature] *officer/Agent*

Date:

8/30/18