

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

Application # \_\_\_\_\_  
Harnett County Central Permitting  
PO Box 85 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: \_\_\_\_\_ Date: 10/18/10  
Site Address: 10637 Hwy 27W LILLINGTON, NC 27546 Phone: (910) 499-5113  
Directions to job site from Lillington: Hwy 27 West 10 Miles from Lillington on the Western Harnett H.S. Campus

Subdivision: N/A Lot: N/A  
Description of Proposed Work: SINGLE FAMILY DWELLING # of Bedrooms: 3  
Heated SF: 1344 Unheated SF: 0 Finished Bonus Room? NO Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Moss Home Builders & Placety Inc. (910) 810-2103  
Building Contractor's Company Name Telephone  
PO Box 571 LILLINGTON, NC 27546 KMOSS@HARNETT.K12.NC.US  
Address Email Address  
[Signature] 18631  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work Electrical Wiring Service Size: 200 Amps T-Pole:  Yes  No  
Pioneer Electric & Maintenance Co, Inc. 919-999-7767  
Electrical Contractor's Company Name Telephone  
80 Neill Thomas Rd. Lillington, NC 27546 PioneerElectric@nc.rr.com  
Address Email Address  
[Signature] 21643-U  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone  
Address Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone  
Address Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation 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.**

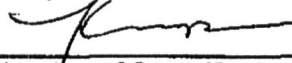
### Homeowners Applying to Build Their Own Home

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.

**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

10/18/10  
\_\_\_\_\_  
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.

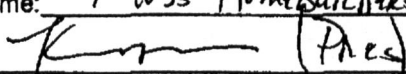
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Moss Home Builders & Realty Inc.

Sign w/Title:  (Pres)      Date: 10/18/10

OCT 13 2010 2:02PM

Application # 10-50025-410

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

Harnett County Central Permitting  
PO Box 88 Lillington, NC 27546  
910-493-7123 Fax 910-893-2702 www.harnett.org/permits

Application for Residential Building and Trades Permit

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Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
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Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

General Contractor Information

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_  
Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: Yes No

Electrical Contractor Information

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Beasley's Heating & Air, Inc Telephone 919-894-4248  
Address 57 W. Beasley Lane, Cary, NC Email Address beasleyshvac@aol.com  
Signature of Owner/Contractor/Officer(s) of Corporation Grant Beasley License # 9497

Plumbing Contractor Information

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

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OCT. 18. 2010 2:02PM WFR:

NO. 626

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Company or Name: Beasley's Heating & Air, Inc.

Sign w/Title: Paul Beasley / President / owner Date: 10/18/10

