\* 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 65 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: /0/18/16
Site Address: 18637 Hay 27W LICINGTON, NC 2754	
Directions to job site from Lillington: Hwy 27 West 10 Mi	
HE WESTERN HARMETT H.S. PAMPUS	
Subdivision: W/A	Lot: NA
Description of Proposed Work: SINGLE FAMILY DWILLING	# of Bedrooms: 3
Heated SF: 1344 Unheated SF: 5 Finished Bonus Room?	NO Crawl Space: V Slab:
General Contractor Information	<u>n</u> 6. \ 0.
Moss Admit Bruches & Practy Inc.	(10) 870-2103
Building Contractor's Company Name	Telephone
POBONSTI LILLIAMITON, NE 27546	Komoss@Harrett. KIZ. NR. i
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Flectrical Contractor Information  Service Size:	on .
Electrical Contractor's Company Name	9/9-499-7747 Telephone
Address 12 Address 12	Prome elevis Dearlos Kart Email Address
1/1/1/2	21643-0
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Information	<u>mation</u>
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informati	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
, , , , , , , , , , , , , , , , , , , ,	•
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informati	<u>on</u>
Inculation Contractor's Company Name 9 Address	Telephone
Insulation Contractor's Company Name & Address	reiephone

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)
Do you own the land on which this building will be constructed?  YesNo
Have you hired or intend to hire an individual to superintend and manage construction of the project?  YesNo
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 <a href="mailto:any">any</a> 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  Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
The undersigned applicant being the:  Officer/Agent of the Contractor or Owner
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
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:
General ContractorOwnerOfficer/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
General ContractorOwnerOfficer/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
General ContractorOwnerOfficer/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
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

Each pection below to be filled out by whomever performing work. Must be owner of Respect contracts. Address, company name & phone must match

Harnett County Central Permitting
Po Bex 85 Lillington, NC 27546
Po C493, 7620 Fax 910,893-2798 www.bememora/6

Application for Residential Building and Trades Permit

owner's Name:	Date
Re Address:	Phone:
Brackons to Job she from Lillingtor:	All sections of the section of the s
ubdivision:	Season for the state of the latest of the state of the st
description of Procosed Work!	# of Fledrooms
leated GF; Unheated SF; Finished Bonus Room?  General Contractor Information	Cre.vi Spece: Slab:
uliding Contractor's Company Name	Telephone
uldi <b>rds</b>	Email Audress
Secription of Work	Licorne #
lactrical Contractor's Company Name	Talephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Machanica/HVAC Contractor inform	Licenso #
Mechaninal Confractor's Company Name  Address  Signisture of Owner/Contractor/Officer(s) of Componition	Telephone  Dea Sparkhyacaan 1.10  Email Address  QUA  License
Plumbing Contractor Information	# Baths
Plumbing Contractor's Company Name	Telaphone
Address	Emali Address
Signature of Owner/Contractor/Officer(s) of Corporation insulation Contractor Informatic	License #
Insulation Contractor's Company Name & Address	Telephone

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

Residentlet Building Application

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OCT., 18. 2010 2: 029M WERS

Hameowners Applying to Bulld Their Ow see where the following questions then are a Permit Technician to determine if you quality lestion haire per G.S. 57-14 Regulations as to lestie of Building Permits (M	
Do you own the land on which this building will be constructed?	YesNo
Have you hired or intend to hire an individual to superintend and mage construction of the project?	YesNo
Do you intend to directly control & supervise construction activities	YesNo
Do you intend to schedule, contract, or directly pay for all phases natruction work to be done?	
Do you intend to personally occupy the building for at least 12 corporate following completion of construction and do you understand to do not do so, it creates the presumption under law that you fraudacured the permit?	
hereby certify that I have the authority to make necessary application, the not that the construction will conform to the regulations in the Building lechanical codes, and the Hernett County Zoning Ordinance. I easte the primarize is correct as known to me and it as Changes occur including ontractors is correct as known to me and it as Changes occur including	le information on the sbove listed contractors, site plan, out changes or proposed use
umber of bedrooms, building and trade plans, Ettinishing in team point hanges, I certify it is my responsibility to notify the Hamett County Centing and all changes.  EXPIRED PERMIT PRES • 6 Months to 2 years permit re-issue fee is \$150	
Affidavit for Worker's Compensation N.C.	).00. After 2 years re-issue fee
Affidavit for Worker's Compensation N.C.  Affidavit for Worker's Compensation N.C.  Affidavit for Worker's Compensation N.C.  The undereigned applicant being the:	0.00. After 2 years re-issue fee
Affidavit for Worker's Compensation N.C.  Caneral Contractor Afficer(s) Owner Officer(Agent of General Contractor Agent of Cover (Contractor) Officer(s) Owner (Contractor) Officer(s) Owner (Compensation N.C.)	C.G.S. 87-14
Affidavit for Worker's Compensation N.C.  Affidavit for Worker's Compensation N.C.  Ceneral Contractor — Owner Officer(s) of perjury that the person(s), firm(s) or set forth in the permit:	c.G.S. 87-14  the Contractor or Owner corporation(s) performing the work
Affidavit for Worker's Compensation N.C.  Affidavit for Worker's Compensation N.C.  Ceneral Contractor — Owner Compensation N.C.  Contractor — Owner Compensation N.C.  Affidavit for Worker's Compensation N.C.  Contractor — Owner Compensation N.C.  Contractor — Owner Compensation N.C.  Contractor — Owner — Officer/Agent of Corporation In the paramit.  Contractor — Owner — Officer/Agent of Corporation In the paramit.  Contractor — Owner — Officer/Agent of Corporation In the paramit.  Contractor — Owner — Officer/Agent of Corporation In the paramit.  Contractor — Owner — Officer/Agent of Corporation In the paramit.	2.C.S. 87-14  the Contractor or Owner corporation(s) performing the work empation incurance to cover them.
Affidavit for Worker's Compensation N.C.  General Contractor — Owner Officer(s) of perjury that the person(s), firm(s) or for the parmit:  Has three (3) or more employees and has obtained workers' compensations.	2.C.S. 87-14  the Contractor or Owner corporation(s) performing the work empation incurance to cover them.
Afficient for Worker's Compensation N.C.  Contractor Sensitive Compensation N.C.  Afficient for Worker's Compensation N.C.  Contractor Sensitive Compensation N.C.  C	2.G.S. 87-14  the Contractor or Owner corporation(s) performing the work ensetion insurance to cover them.
Afficient for Worker's Compensation N.C.  Afficient for Worker's Compensation N.C.  Afficient being the:  General Contractor Contractor of perjury that the person(s), firm(e) or set forth in the parmit.  Has three (3) or more employees and has obtained workers them.  Has one (1) or more subcontractors(s) who has their own policy of covering themselves.  Has one (1) or more subcontractors(s) who has their own policy of covering themselves.  Has one (1) or more subcontractors(s) who has their own policy of covering themselves.  Has no more then two (2) employees and no subcontractors.	2.G.S. 87-14  the Contractor or Owner corporation(s) performing the work reneation insurance to cover them. companisation insurance to cover workers' compensation insurance
whose of bedrooms, building and trade plans, Etritainment County Centre hanges. I certify it is my responsibility to notify the Harnett County Centre and all changes.  EXPIRED PERMIT PRES - 6 Months to 2 years permit re-issue fee is \$150 permit re-issue	2.C.S. 87-14  the Contractor or Owner corporation(s) performing the work ensation insurance to cover them. companisation insurance to cover workers' compensation insurance insurance od that the Central Permitting of the compensation insurance price is compensation insurance.

CONTRACTOR CONTRACTOR

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

# Application # 10-50025340

Harnett County Central Permitting PO Box 65 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:
Site Address:		
Directions to job site from Lillington:	Transition of the second	
Code alle did a co		***************************************
Subdivision:		
Description of Proposed Work:		
Heated SF: Unheated SF: Finished Bonus Room?	Crawl Space	ce: Slab:
General Contractor Information		
Building Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information	License #	Managarana da part managaran da m
Description of Work Service Size: _	Amps T-P	ole:YesNo
Electrical Contractor's Company Name	Telephone	
	reiephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical/HVAC Contractor Inform</u> Description of Work	License # ation	
Mechanical Contractor's Company Name	Yalanhana	
	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information	License #	**************************************
Description of Work	_# Baths	-
Celey's Quality Plumbing, Inc.	919.894.1813	
Plumbing Contractor's Company Name	Telephone	
8991 NC HWY 27 EAST Benson 27564	Tara@celeys.com	ń
Address O. A. Allo O. S.	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	17405	
Insulation Contractor Information	License #	
Insulation Contractor's Company Name & Address Document	(910)4° Tèlephone	80 8822
22 1 - Mayucts		
*NOTE: General Contractor must fill out and sign the secon	nd page of this a	application.
Residential Building Application PAY EHEVIILE, NC	1	08/10 -

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