

09/09/11

Application #

40475

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 James Mangum Date 12-29-14
Site Address _____ Phone 919-758-5899
Directions to job site from Lillington 401 N Cross over RR about 2 miles from there directly across from New Breed Church.

Subdivision _____ Lot 5
Description of Proposed Work _____ # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

James Mangum
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps _____ T-Pole _____ Yes _____ No
James Mangum
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
James Mangum
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
James Mangum
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

James Mangum
Insulation Contractor's Company Name & Address _____ Telephone _____

NO additional work being done

*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

James L. Morgan
Signature of Owner/Contractor/Officer(s) of Corporation

12-29-16
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 _____

Sign w/Title James L. Morgan _____ Date _____

Plan Box # Full

Date 1.20.17

Job Name Manquon

App # 40475

Valuation 130178

Heated SQ Feet 1356

Garage _____
= 1356

Inspections for SFD/SFA

Crawl ✓ Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

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Foundation Survey _____

Envir. Health existing Other _____

Additions / Other

moved house

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____