

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

1150027290

Application for Building and Trades Permit

8-5-11
Owner's Name: Bobby Larry Baker Date: 8-5-11

Site Address: 342 Wade Stephenson Rd. Holly Springs Phone: 868-7266

Directions to job site from Lillington: Head North on Hwy. 401 toward Fuquay-Varina - Go approx. 3.5 miles - Turn left on Christian Light Rd. - Go 4-5 miles - Turn left on Cokerbury Rd. - Go 5 mi. & Turn left on Wade Stephenson Rd. - Prop. is approx. 1/4 mi. on right

Subdivision: _____ Lot: _____

Description of Proposed Work: Construction of Farm/Storage Building

Heated SF _____ Unheated SF _____ Building Cost \$ _____

General Contractor Information:

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information:

Description of Work Electrical Rough-In Electrical Cost \$ 2000.00 Service Size: 200 Amps #T-Poles 0

Darrie Electrical Services LLC. Telephone 919-524-5051

Electrical Contractor's Company Name _____ Email Address _____

Address PO Box 704 Fuquay Varina N.C. 27526 License # _____

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

Mechanical Contractor Information:

Description of Work _____ Mechanical Cost \$ _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information:

Description of Work Plumbing Rough-In Plumbing Cost \$ 1500.00 # Baths 1

Thomas Justin Allen Telephone 919-201-1319

Plumbing Contractor's Company Name _____ Email Address _____

Address 7345 Shady Stroll Ln. - Willow Springs NC 27592 License # _____

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/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 charged at full price per current fee schedule.

Bobby Larry Baker
Signature of Owner/Contractor/Officer(s) of Corporation

8-5-11
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: _____ Date: _____