

14605

Application for Building and Trade Permit

Owner's Name: HTB Properties Date: 6/12/06
Address: 2191 Keith Hills Rd Phone: _____
Directions to job site: 401 North to Fuquay Varina turn left on Hwy
42 go 5 miles T/L on Traveler Rd go 1 mile Srd on Right

Subdivision: Taylor Pointe Lot: 7

Construction Type: (Please Check) Building Use: (Please Check)

- New
- Renovation
- Addition
- Moved House
- Other
- Residential
- Modular
- Commercial
- Multi-Family

Description of Proposed Work: New House

Total Project Cost: 96,000.00

Building Permit Information

Heated SF 1208 Crawl Space () Building Construction Cost \$ 74,000.00

Unheated SF _____ Slab () Acres Disturbed .03 Stories 1

Brian Johnson Builders Inc Telephone 639 3714

Building Contractor's Company Name Address 635 Christenhall Rd Angier License # 41348

Address _____ Signature of Officer(s) of Corporation _____

Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work wire new house Electrical Cost \$ 2800.00

TS Pole: Yes () No () Underground (x) Overhead ()

Permanent Service: Underground (x) Overhead () Service Size: 200 Amps

Ray Dean Electrical Cont Telephone 552 4282

Electrical Contractor's Company Name Address 8039 Kennebec Rd Willow Springs License # 5748L

Address _____ Signature of Officer(s) of Corporation _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work Heat & Air New House

Number of Units 1 Type System Electric Mechanical Cost \$ 3600.00

KCS Heating & Air Conditioning Telephone 552 3053

Mechanical Contractor's Company Name Address 1539 Wade Stephenson Rd License # 12655

Address _____ Signature of Officer(s) of Corporation _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Plumb New House

Number of Baths 2 Plumbing Cost \$ 4000.00

W+W Plumbing Co Inc Telephone 639 0195

Plumbing Contractor's Company Name Address PO Box 1239 Angier License # 14087

Address _____ Signature of Officer(s) of Corporation _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential (x) Other () Not Required ()

Tri City Insulation Address 418 Person St Fayetteville Telephone 910 486 8855

Insulation Contractor's Company Name _____

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No X

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, 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 Division of any and all changes.

 Brian J. Juhl
Signature of Owner/Contractor/Officer(s) of Corporation

 6-12-04
Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

 X 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

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

 X Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

 Has/have not 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.

Firm Name: Brian Johnson Builders Inc

By/Title: Brian Johnson President

Date: 6-12-06