

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

Application # 06 50016151
Harnett County Central Permitting
PO Box 68 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: _____ Date: _____
Address: _____ Phone: _____
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other
Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

Heated SF _____ Crawl Space ()
Unheated SF _____ Slab ()
General Contractor Information
Building Construction Cost \$ _____
Acres Disturbed _____ Stories _____

THE QUEST DEVELOPMENT CO. OF DUNN INC. 910-237-1053
Building Contractor's Company Name Telephone
P.O. 2121 DUNN NC 28335 60521
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: _____ Amps
GLEB SESSOMS ELECTRIC 910-567-5630
Electrical Contractor's Company Name Telephone

189 MARIE LANE ATRYVILLE NC 18595-1
Address License #
Dug Sessoms

Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

TANDM HEATING AND A/C 910-897-5501
Mechanical Contractor's Company Name Telephone
724 TULLINGTON RD. DUNN N.C. 28334 17164
Address License #

D. Kent Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work Plumb
Number of Baths _____ Plumbing Cost \$ _____

T&D Plumbing 910-590-1086
Plumbing Contractor's Company Name Telephone
2652 Southeast Blvd Clinton NC 28328 16489
Address License #

M.R. Smith
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TRI-CITY INSULATION 1643 OLD WILMINGTON HWY 910-486-8855
Insulation Contractor's Company Name & Address FAYETTEVILLE Telephone

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 Hamett 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 Hamett 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

24 APR 09
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: The Quest Dev. Co. of Dunn Inc

Sign w/Title:

PRES.

Date: 24 APR 09

