

09/09/11

Application # 0650016210

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 CARL + ANITA BOLZ Date 4/18/2012
Site Address 66 SHERMAN PINES DR FLOYD VAHINA Phone 860-632-058
Directions to job site from Lillington 27526
401 N TOWARDS FLOYD VAHINA, LEFT SHERMAN PINES DR,
JOB ON RIGHT
Subdivision SHERMAN PINES Lot 19
Description of Proposed Work SINGLE FAMILY # of Bedrooms 2
Heated SF 1743 Unheated SF Finished Bonus Room? No Crawl Space Slab

General Contractor Information

CORNERSTONE RESIDENTIAL BUILDERS, INC 919-868-1336
Building Contractor's Company Name Telephone
5405 BLUE BELL CT HOLLY SPRING, NC CORNERSTONE-RES-BUILD@NC.RR.COM
Address 27540 Email Address
32739
License #

Electrical Contractor Information

Description of Work NEW HOME WIRING Service Size 200 Amps T-Pole Yes No
C+M ELECTRIC 919-772-4518
Electrical Contractor's Company Name Telephone
1000 BACKSTEEL LN GARNER, NC 27529 SHANE@CANDM.ELECTRIC.COM
Address Email Address
5689

Mechanical/HVAC Contractor Information

Description of Work NEW HOME HVAC + GAS PIPING
BOWMAN MECHANICAL SERVICES 919-772-2759
Mechanical Contractor's Company Name Telephone
145 TECHNICAL CT GARNER, NC 27529 STEVEBOWMANBMS@BELLSOUTH.NET
Address Email Address
12302

Plumbing Contractor Information

Description of Work NEW HOME PLUMBING # Baths 2
EVANS PLUMBING 919-772-9133
Plumbing Contractor's Company Name Telephone
102 SIGMA DR GARNER, NC 27529 BUTCH@EVANSPLUMBINGINC.NET
Address Email Address
7035

Insulation Contractor Information

INSULATING INC 919-772-9000
Insulation Contractor's Company Name & Address Telephone

*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

David Williams ^{CORNERSTONE} RESIDENTIAL BUILDERS 4-18-12
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

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 CORNERSTONE RESIDENTIAL BUILDERS, INC

Sign w/Title David Williams PRESIDENT Date 4/18/12