

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

Application # 07-50016658
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: RAYNOR BUILDERS INC. Date: 11-1-07

Address: 360 N RALEIGH ST ANGIER N.C. 27501 Phone: 639-3012

Directions to job site from Lillington: 210 N toward Angier T.L. on JAMES- Morris Rd. Sub is 1 1/2 miles on Right

Subdivision: AUTUMN POINTE Lot: 22

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

Total Project Cost: 100,000 Description of Proposed Work: SFD

General Contractor Information

Heated SF 1380 Crawl Space Building Construction Cost \$ 100,000
Unheated SF 352 Slab () Acres Disturbed _____ Stories _____

RAYNOR BUILDERS INC. Telephone 639-3012
Building Contractor's Company Name

301 N RALEIGH ST. ANGIER NC. 27501 License # 40079
Address

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

Electrical Permit Information

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

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

MADDOX ELECTRICAL SERVICE Telephone 639-4837
Electrical Contractor's Company Name

ANGIER N.C. License # 150777 L
Address

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units 2 Type System SPLIT

JCS HEATING & A/C Telephone 557-3053
Mechanical Contractor's Company Name

HOLLY SPRINGS N.C. License # 12655H-3
Address

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths 2

BARNES PLUMBING Telephone 639-3401
Plumbing Contractor's Company Name

ANGIER N.C. License # 17735
Address

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()

JATUM INSULATION Telephone _____
Insulation Contractor's Company Name

GARNER N.C. Address _____

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 ___

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 Department of any and all changes.

_____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ Date
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**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # 07-50016653 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/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.

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: Raynor Builders Inc.

Sign/Title: OWNER

Date: 11-1-07

