

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
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: Bill + Becky Steadman Date: 26 Jan 09
Address: 305 BLUE PATCH LN CALICOH NC Phone: 919-395-1815
Directions to job site from Lillington: NC 210 WEST, TC ANDERSON CREEK RD.
T.P. LEMUEL BLACK RD, GATEWEST ON RIGHT
Subdivision: GATEWEST Lot: 12

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

Total Project Cost: 110000 Description of Proposed Work: _____

General Contractor Information

Heated SF 2611 Crawl Space Building Construction Cost \$ _____
Unheated SF 492 Slab () Acres Disturbed .06 Stories 2

THE QUEST DEVELOPMENT CO. OF DUNN INC, 910-237-1853
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: 200 Amps
BLESS SASSONS ELECTRIC 910-567-5630
Electrical Contractor's Company Name Telephone

189 MARIE LANE ARROYVILLE 18595-L
Address License #
Doug Sassons
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ _____
JANDM HEATING AND A/C 910-897-5501
Mechanical Contractor's Company Name Telephone

724 TULLINGTON RD. DUNN N.C. 28334 17164
Address License #
Kent Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths 2 Plumbing Cost \$ _____
Dave's Plumbing (910) 897-3310
Plumbing Contractor's Company Name Telephone

11640 Harnett-Dunn Hwy Dunn NC 12053
Address License #
[Signature]
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 Telephone
FAYETTEVILLE

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name

Address

Signature of Officer(s) of Corporation

Contact & Telephone

License #

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Address

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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

Sign & date

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.

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

26 JAN 07

X Date

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

The undersigned applicant for Building Permit # _____ being the:

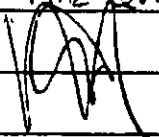
- General Contractor
- Owner
- Officer/Agent of the Contractor or Owner

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: THE QUEST DEVELOPMENT CO. OF DUNN INC.

Sign/Title:  PRESIDENT

Date: 22 JAN 07

