

SCANNED

DATE

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: Mass Home Builder Date: 6/22/00  
Address: PO Box 577 Lillington NC Phone: 800 211  
Directions to job site: 210 S - Right on Anderson Creek School Rd - Right into Carlie Hill Drive

Subdivision: GATEWEST Lot: 29  
Type Construction: (Please Check) Building Use: (Please Check) 1111 Drive  
New  Renovation  Addition  Residential  Modular   
Moved House  Other  Commercial  Multi-Family

2200  
Heated  Crawl Space   
Unheated  Slab   
Mass Home Builders & Realty  
Building Contractor's Company Name  
W. Al  
Signature of Officer(s) of Corporation

**Building Permit Information**

Building Construction Cost \$ 150,000  
Acres Disturbed 1 Stories 1.5  
PO Box 577 Lillington NC  
Address  
18637 License # 910-893-4875 Telephone

**Electrical Permit Information**

Description of Work Electrical Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead   
Power Electric & Maintenance Co. Inc.  
Electrical Contractor's Company Name  
Neil B. Jones  
Signature of Officer (s) of Corporation  
Service Size: \_\_\_\_\_ Amps  
432 Old US 421 Lillington NC, 27546  
Address  
216K3 License # 910-814-3751 Telephone

**Insulation Permit Information**

Residential  Other  Not Required   
TRI City Insulation  
Insulation Contractor's Company Name  
910-486-8855 Telephone  
418 Person St Fay  
Address

**Mechanical Permit Information**

Description of Work HVAC Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Tons \_\_\_\_\_  
Beasley's HVAC, Inc.  
Mechanical Contractor's Company Name  
57 W.C. Beasley Ln. Coats N.C. 27521  
Address  
R. Brent Beasley  
Signature of Officer(s) of Corporation  
9497 License # 919-894-4248 Telephone

**Plumbing Permit Information**

Description of Work Plumbing Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
W.W. Plumbing Co  
Plumbing Contractor's Company Name  
Wil Wells  
Signature of Officer(s) of Corporation  
14087 License # PO Box 1239 Angier  
Address  
639-0195 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 pr esumption 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 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, 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.

W. A. B.  
Signature of Owner/Contractor/Officer(s) of Corporation

29 MAR 2010  
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: Moss Homebuilders & Realty Inc

Sign w/Title: W. A. B. President Date: 29 MAR 2010

