

\* 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 # 075006845

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

16845

BU

Owner's Name: HEAVENLY HOMES - KEVIN R SWARTZ, INC Date: 3-20-07  
Address: P O BOX 1088 HOLLY SPRINGS, NC 27540 Phone: 919-342-5134  
Directions to job site from Lillington: 210 TOWARDS ANSWER, TURN  
LEFT ON HARNETT CENTRAL RD SUBDIVISION ON RT  
Subdivision: BRIAN KEITH MEADOWS Lot: 21

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

Total Project Cost: 140000 Description of Proposed Work: NEW RESIDENCE

**General Contractor Information**

Heated SF  Crawl Space  Building Construction Cost \$ 123000  
Unheated SF  Slab ( ) Acres Disturbed 0.35 Stories 2

HEAVENLY HOMES - KEVIN R SWARTZ, INC 919 342 5134  
Building Contractor's Company Name Telephone  
P O BOX 1088 HOLLY SPRINGS NC 27540 37499  
Address License #

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

**Electrical Permit Information**

Description of Work NEW ROSE Electrical Cost \$ 5500  
TS Pole: Yes  No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps

DUPRE & Whaley Elec 919-965-3430  
Electrical Contractor's Company Name Telephone

727 BERTIE HIGHTS ROAD 22893-L  
Address SELMA NC 27576 License #

Christopher Whaley  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work RNC  
Number of Units 2 Type System Heat Pump Mechanical Cost \$ 4500

BAR-CO MECH. INC 557-3454  
Mechanical Contractor's Company Name Telephone

P.O. Box 65 Fuquay-Varina, NC 27526 18460  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work PLUMB 2nd 2 1/2 BATH w/ 15 FIXTURES  
Number of Baths 2 1/2 Plumbing Cost \$ 7000

Walston Plumbing, Inc 919 212 6363  
Plumbing Contractor's Company Name Telephone

515 S New Hope Rd Ste 107 Raleigh NC 27610 24595  
Address License #

Wallace Walston  
Signature of Officer(s) of Corporation

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

TRI City 7204 Berkley Cir RALEIGH NC 27615 919 790-9684  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

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Sprinkler Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

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Address \_\_\_\_\_ License # \_\_\_\_\_

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Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

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Fire Alarm Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

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Address \_\_\_\_\_ License # \_\_\_\_\_

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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

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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.

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

3-20-07  
\_\_\_\_\_  
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.

MAX KAS  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: HEAVENLY Homes - KEVIN R SWARTZ, INC

Sign/Title: K R Swartz Pres

Date: 3-20-07

