* 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: Brandy & Steven Lyon Date: June 22 2007
Address: 2691 Olivia Rd, Sanford NC 27332 Phone: 499-4326
Directions to job site from Lillington: _____
_____
Subdivision: _____ Lot: _____

Construction Type: (Please Check)
1 New __ Moved House
__ Renovation __ Addition __ Other

Building Use: (Please Check)
__ Residential __ Commercial
__ Modular __ Multi-Family

Total Project Cost: _____ Description of Proposed Work: SFD

General Contractor Information

Heated SF ___ Crawl Space ( )
Unheated SF ___ Slab ( )
Building Construction Cost $ _____
Acres Disturbed _____ Stories _____

Brandy Lyon _____
Building Contractor's Company Name Telephone

_____ owner
Address License #

Brandy Lyon
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: _____ Amps

Brandy Lyon _____
Electrical Contractor's Company Name Telephone

_____ owner
Address License #

Brandy Lyon
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost $ _____

Brandy Lyon _____
Mechanical Contractor's Company Name Telephone

_____ owner
Address License #

Brandy Lyon
Signature of Officer(s) of Corporation

Plumbing Permit Information

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

Brandy Lyon _____
Plumbing Contractor's Company Name Telephone

_____ owner
Address License #

Brandy Lyon
Signature of Officer(s) of Corporation

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

owner _____
Insulation Contractor's Company Name & Address Telephone

1/07

Application #_____

Commercial Jobs must fill out this portion

Sprinkler System Information

Sprinkler Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

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

Brandy Lyon June 2007
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.

Brandy Lyon June 22 2007
Signature of Owner/Contractor/Officer(s) of Corporation Date

Application #_____

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

The undersigned applicant for Building Permit #17213 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: Brandy Lyon

Sign/Title: Brandy Lyon

Date: June 22 2007