

\* 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: NC CUSTOM HOMES, LLC Date: 4/10/07  
 Address: 1508 MYLENAR PL, FURQUAY VARIANA, NC Phone: (919) 946-3662  
 Directions to job site from Lillington: HWY 401 TOWARDS FURQUAY, TURN RIGHT ON TO RAWLS CLUB Rd., 1/8 MILE ON LEFT  
 Subdivision: MAGNOLIA CREST Lot: 7

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

Total Project Cost: \$350,000 Description of Proposed Work: NEW RESIDENCE  
 Heated SF 2600 Crawl Space  W/1000 General Contractor Information Building Construction Cost \$ 300,000 w/trades  
 Unheated SF Slab ( ) Acres Disturbed .5 Stories 2

NC CUSTOM HOMES, LLC Telephone (919) 946-3662  
 Building Contractor's Company Name Address 1508 MYLENAR PL, FURQUAY VARIANA, NC 27526 License # 61623

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

**Electrical Permit Information**  
 Description of Work RES. ELECTRICAL Electrical Cost \$ 10,000  
 TS Pole: Yes  No  Underground  Overhead   
 Permanent Service: Underground  Overhead  Service Size: 100 Amps  
ANTEC ELECTRIC Telephone (919) 524-9879  
 Electrical Contractor's Company Name Address 622 SUNSET LK Rd., FURQUAY VARIANA License # 22335-L

Signature of Officer(s) of Corporation  
Robert Mome

**Mechanical Permit Information**  
 Description of Work RES. HVAC Mechanical Cost \$ 9,000  
 Number of Units 2 Type System HP  
MTH HEATING & AIR INC Telephone (919) 552-9223  
 Mechanical Contractor's Company Name Address 126 FURQUAY AVE, FURQUAY VARIANA License # 4412  
 Signature of Officer(s) of Corporation  
Hank Alford

**Plumbing Permit Information**  
 Description of Work RES. PLUMBING - NEW Plumbing Cost \$ 10,000  
 Number of Baths 3 1/2  
W+M PLUMBING INC Telephone (919) 639-0195  
 Plumbing Contractor's Company Name Address P.O. Box 1239, ABERN, NC License # 14087  
 Signature of Officer(s) of Corporation  
Rich Wells

**Insulation Permit Information** Residential  Other  Not Required   
INSULATION INC 5902 TAYLORVILLE RD. Telephone (919) 772-9000  
 Insulation Contractor's Company Name & Address PALETT

**Sprinkler System Information - Commercial**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

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

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

**Fire Alarm System Information - Commercial**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

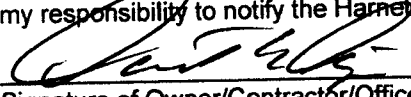
\_\_\_\_\_  
License #

\_\_\_\_\_  
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

4/10/07  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

DED 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.

DED 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: MC Custom HOMES, LLC

Sign/Title: W. G. / President & Manager

Date: 4/9/07

