

\* 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 # 17749  
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: ATLANTIC CUSTOM BUILDER, LLC Date: 06/1/07  
Address: 812 WHITE MEADOWS DR. FURQUAY VARIANA. Phone: 235-5527 (919)  
Directions to job site from Lillington: 401 N - RAINES CHURCH - RT - 2.5 MILES  
RT. INTO WYNDHAM PLACE - LT ONTO GRAYHAM RIDGE - LT 7 ON RT.  
Subdivision: WYNDHAM PL. Lot: 7  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family  
Total Project Cost: 180,000 Description of Proposed Work: NEW CONSTRUCTION

**Building Permit Information**

Heated SF 2188 Crawl Space   
Unheated SF 440 Slab ( )  
FREEMAN'S CONSTRUCTION SERVICE Building Construction Cost \$ 180,000  
Building Contractor's Company Name Telephone (919) 235-5527  
812 WHITE MEADOWS DR. FURQUAY VARIANA Address N.C. License # 53814  
Joseph S. Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work NEW Electrical Cost \$ 6500.00  
TS Pole: Yes  No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps  
COOKS ELECTRICAL OF N.C. INC. Telephone 919-557-3460  
Electrical Contractor's Company Name Telephone 18967-L  
P.O. 999 FURQUAY VARIANA, N.C. 27526 Address License #  
Randy Cook Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW  
Number of Units 2 Type System HOT PUMP Mechanical Cost \$ 12000.00  
BARCLEY ARNOLD  
Mechanical Contractor's Company Name Telephone  
122 PHILEMOND DR. FURQUAY VARIANA Address 27526 License # 18460  
Barclay Arnold Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work NEW  
Number of Baths 2 1/2 Plumbing Cost \$ 7200.00  
WARRICK PLUMBING Telephone 910 817-4722  
Plumbing Contractor's Company Name Telephone NC # 27930  
411 CRAWFORD RD. COATS, NC 27521 Address License #  
Chris Warrick Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
TATUM INSULATION Insulation Contractor's Company Name  
DRUG STORE RD Address CLOYTON Telephone

**Sprinkler System Information**

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

**Fire Alarm System Information**

_____ 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 Division of any and all changes.

_____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ Date
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**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

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

  X   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.

  X   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: FRIEMAN'S CONSTRUCTION SERVICE

Sign/Title: [Signature]

Date: 06/11/07

