

05/20/2008 13:58 9108269022

REGENCY

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* Each section below to be filled out by
whomever performing work. Must be owner
or license contractor. Address, company
name & phone must match information on
license.

Application # _____
Hertford County Central Permitting
PO Box 65 Lillington, NC 27543
Telephone Number 910-863-7525 www.hamer.org
Application for Building and Trade Permit

Owner's Name: Regency Homes Inc. Date: 7/20/08
Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455
Directions to job site from Lillington: Hwy 27 W, @ Hoover Rd,
@ Trail Rider Ln.
Subdivision: Persimmon Hill Lot: 10

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

Total Project Cost: _____ Description of Proposed Work: Residence

Heated SF 2516 Crawl Space () Building Construction Cost \$ _____
Unheated SF 000 Slab () Acres Disturbed .68 Stories 2

Regency Homes Inc. Telephone 910-424-0455
Building Contractor's Company Name
Address 6506 Dental Lane Fayetteville, NC 28314 License # 32067-U

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

Electrical Permit Information
Description of Work Electric Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
Allman Electric Telephone 910-485-8617
Electrical Contractor's Company Name
Address 345 Wilkes Rd Fay, NC 28301 License # 16136-U

Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work HVAC
Number of Units 2 Type System Electric Mechanical Cost \$ _____
Certified Heating & Air Telephone 910-858-0000
Mechanical Contractor's Company Name
Address PO Box 1071 Hope Mills NC 28348 License # NC 20063

Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work Plumbing
Number of Baths _____ Plumbing Cost \$ _____
Bill Hallock Plumbing Telephone 910-868-4139
Plumbing Contractor's Company Name
Address 24218 NC Hwy 71N Parkton, NC License # 24037

Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()
Tri-City Insulation 418 Person St Fayetteville, NC Telephone 910-486-8855
Insulation Contractor's Company Name & Address

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 X

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

7/2/08

Date

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

The undersigned applicant for Building Permit # _____ being the:

- 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: Regency Homes Inc.

By/Title: Jim Poczylowski/Owner

Date: 07/01/08