

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license:

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

MECH

*continued
to 14 of 17
attached*

Owner's Name: Regency Homes Inc. Date: _____

Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455

Directions to job site from Lillington: US 401 South (B) NC-27 (B) Hoover Rd

(L) Trail Rider Ln. (B) Old Field Ln.

Subdivision: Perkinson Hill Lot: 14

Construction Type: (Please Check)

New Moved House

Renovation Addition Other

Building Use: (Please Check)

Residential

Commercial

Modular

Multi-Family

Total Project Cost: _____ Description of Proposed Work: Residence

General Contractor Information

Heated SF 2224 Crawl Space

Building Construction Cost \$ _____

Unheated SF 576 Slab

Acres Disturbed 0.42

Stories 2

Regency Homes Inc.

910-424-0455

Building Contractor's Company Name _____ Telephone _____

6506 Dental Lane Fayetteville, NC 28314

32067-U

Address _____ License # _____

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

Lonnie Smith Elec.

910-978-6638

Electrical Contractor's Company Name _____ Telephone _____

1063 Carl Freeman Rd Stedman, NC 28391

25606-L

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work HVAC

Number of Units 2 Type System Electric Mechanical Cost \$ _____

McGowan Heating & Air, Inc.

910-424-3350

Mechanical Contractor's Company Name _____ Telephone _____

1722 Gillespie St Fayetteville, NC 28306

22474

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Plumbing

Number of Baths _____ Plumbing Cost \$ _____

Bill Hallock Plumbing

910-858-4139

Plumbing Contractor's Company Name _____ Telephone _____

24218 NC Hwy 71N Parkton, NC

24037

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information Residential Other Not Required

Tri-City Insulation 418 Person St Fayetteville, NC

910-486-8855

Insulation Contractor's Company Name & Address _____ 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 11-22-06

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

The undersigned applicant for Building Permit # _____ being the _____

Regency Homes Contractor
Regency Homes 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: [Signature] Owner

Date: 11-22-06

