

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

Application #

17953

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

50x47.6

Owner's Name: MGM Builders, LLC Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: 910-893-6650

Directions to job site from Lillington:  Hwy 210 South about 4 miles on left

Subdivision: BEN Wood Lot: 3

Construction Type: (Please Check)

New  Moved House  
 Renovation  Addition  Other

Building Use: (Please Check)

Residential  Commercial  
 Modular  Multi-Family

SCANNED  
7-30/08  
DATE

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 1819 Crawl Space  Slab ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Acres Disturbed \_\_\_\_\_ Stories ~~2~~ 2.5 stories

MGM Builders LLC 919-984-6932

Building Contractor's Company Name Telephone

1948 NC 27 W Lillington NC 27546 56045

Address License #

Dan Miller

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

**Electrical Permit Information**

Description of Work NEW Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes  No ( ) Underground  Overhead ( )

Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps

R.A. GREGORY Electric 919-893-6650

Electrical Contractor's Company Name Telephone

1948 NC 27 W Lillington 21717

Address License #

Rodney G. Gregory

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC

Number of Units 1 Type System HEAT Pump Mechanical Cost \$ \_\_\_\_\_

Gym Htg & Air Inc. 910-897-5501

Mechanical Contractor's Company Name Telephone

734 Tuxington Rd Dunn, NC 28334 17164

Address License #

Keith Johnson

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Number of Baths \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

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

TRI City Insulation

Insulation Contractor's Company Name & Address Telephone

Entered by H. B. DILLON

See attached

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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: MGM Builders LLC

Sign/Title: Owner Rocky Long

Date: 7-3-07

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

Certification of Work Performed  
By Owner/Contractor

Owner (s) of Structure: \_\_\_\_\_

Owner (s) Telephone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Construction or Site Address: \_\_\_\_\_  
\_\_\_\_\_

Directions to Job: \_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I JAMIE Johnson have provided or will provide the  
Plumbing labor on this structure. I am the owner or hold a  
NC state Plumbing license, which entitles me to perform such work on  
the above structure legally. All work shall comply with the State Building Code and all  
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's signature: Jamie John Date: \_\_\_\_\_

Contractor's Name: JAMIE Johnson Date: \_\_\_\_\_

Address: 1490 Clark Rd.

Lillington, N.C. 27546

County: HARNETT

Contractor's License: 21649

Plan Box Number I-1

Job Name MGM

Date: 7-5-07

Required Inspections for SFA/SFD

Appl. # 0750017953

Valuation \$129,098

Sq. Feet 1987

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

**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

\_\_\_\_\_  
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.

Rocky A. Gray  
Signature of Owner/Contractor/Officer(s) of Corporation

7-3-07  
Date