

* 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 # 0750018249

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Application for Residential Building and Trades Permit

Owner's Name: HAROLD CALE BARNES Date: 5/30/08

Site Address: LOT 3, PHASE II POPE'S LAKE S/P Phone: 919-464-9464

Directions to job site from Lillington: Hwy 210 E to Angier, Turn Right

ON Hwy 55 South, Go ~ 3 Miles, Turn Left on Old Stagers Rd,

Go ~ 0.5 Mile, Turn Right Langdon Rd, Go 0.1 Mile, Turn Left Pope's

Subdivision: POPE'S LAKE SUBDIVISION Lot: 3

Description of Proposed Work: NEW CONSTRUCTION #Bedrooms: 3

Heated SF 3200 Unheated SF 1000 Finished Rec Room? NO

Crawl Space (+) Slab BASEMENT AT END OF CUL-DE-SAC ON LEFT

General Contractor Information

Building Contractor's Company Name: SELF - HAROLD CALE BARNES Telephone: 919-464-9464

Address: 107 SKYLARK LN FOUR OAKS, NC 27524 License #: N/A

Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] Must sign & fill out second page

Electrical Permit Information

Description of Work: New Construction Electric Service Size: _____ Amps TPole: (yes) no

Electrical Contractor's Company Name: Ogilvie Electrical Company Telephone: 919-779-6780

Address: 7736 Bluney Franks Apex, NC 27502 License #: 17046L

Signature of Officer(s) of Corporation: [Signature]

Mechanical/HVAC Permit Information

Description of Work: NEW CONSTRUCTION - HVAC

Mechanical Contractor's Company Name: RCS SERVICES, INC. Telephone: 919-922-2069

Address: 6875 Benson-Hinder Rd. Benson NC 27801 License #: 27865

Signature of Officer(s) of Corporation: [Signature]

Plumbing Permit Information

Description of Work: New Construction Plumbing # Baths: 3.5

Plumbing Contractor's Company Name: David Baker Plumbing Inc Telephone: (919) 404-2600

Address: 2245 NC Hwy 39 License #: 87104

Signature of Officer(s) of Corporation: [Signature]

Insulation Permit Information

Insulation Contractor's Company Name & Address: INSULATING INC. 1212 HOME COURT RALEIGH, NC Telephone: (919) 772-9000

Address: 276.3 Telephone: 276.3

? SWAN LANE, ANGIER, NC 27501

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

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, number of bedrooms, 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.

Harold C. Barnes 5/30/08
 Signature of Owner/Contractor/Officer(s) of Corporation Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: HAROLD CARE BARNES

Sign w/Title: Harold C. Barnes Date: 5/30/08

September 15, 2008

Cale Barnes
235 Swan Lane
Angier, NC 27501

Permit Application Number: 07-50018249

Dear Madam/Sir,

I am currently serving as general contractor (self) to my personal home under construction currently. I have decided to change my HVAC subcontractor. I am no longer using RCS Services, Inc as stated on my application. The new contractor performing work at my home is Stephenson Heating and AC. Attached is his license number and signature. If you have any questions, please give me a call on my cell (919-464-9464).

Thank you,

 9/15/08

Cale Barnes

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

Application # 07-50018249

Harnett County Central Permitting
PO Box 68 Lillington, NC 27648
910-893-7825 Fax 910-893-2799 www.harnett.org/permits
Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____
Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Stab ()
General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Description of Work _____ **Electrical Permit Information**
Service Size: _____ Amps TPole: yes/no

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Description of Work Installed HVAC **Mechanical/HVAC Permit Information**

Tony Stephenson (Stephenson Heating & AC) _____ Telephone 329-0686

Mechanical Contractor's Company Name _____
343 Shipwash Dr. Garner, N.C. 27529 _____
Address _____ License # 18644

Signature of Officer(s) of Corporation _____

Description of Work _____ **Plumbing Permit Information**
Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information
Insulation Contractor's Company Name & Address _____ Telephone _____

SCANNED
9/16/08
DATE

ENTERED 9/16/08

NEW