

\* 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 # \_\_\_\_\_  
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: WM Kent Pierce Inc Date: 8/20/07  
Address: PO BOX 42535 FAYETTEVILLE NC 28309 Phone: 910-424-1294

Directions to job site from Lillington: out 27 to Laurel Valley  
slp to Birchwood Place - lot on right!  
Subdivision: LAUREL VALLEY Lot: 15

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

Total Project Cost: 142600.00 Description of Proposed Work: new construct  
**General Contractor Information**  
Heated SF 2556 Crawl Space  Building Construction Cost \$ 125400.00  
Unheated SF 24 Slab ( ) Acres Disturbed .37 Stories 2

WM KENT PIERCE INC 910-424-1294  
Building Contractor's Company Name Telephone  
PO BOX 42535 FAYETTEVILLE NC 28309 29733  
Address License #

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

**Electrical Permit Information**  
Description of Work new construct Electrical Cost \$ 3270.00  
TS Pole: Yes  No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps

JRN ELECTRIC 910-424-0264  
Electrical Contractor's Company Name Telephone  
2753 LAKE UPCHURCH DR PARKTON NC 28371 09132  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work new construct  
Number of Units 2 Type System heat pump Mechanical Cost \$ 6350.00

JONES & JONES HEATING AND AIR 910-424-7702  
Mechanical Contractor's Company Name Telephone  
5217 MARRACCO DRIVE HOPE MILLS NC 28348 11814  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work new construct  
Number of Baths 2 1/2 Plumbing Cost \$ 5975.00

LARRY LEE PLUMBING 910-424-1766  
Plumbing Contractor's Company Name Telephone  
6417 BAROUR LAKE RD FAYETTEVILLE NC 28306 05274  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other ( ) Not Required ( )  
CUMBERLAND INSULATION FAYETTEVILLE NC 910-484-7118  
Insulation Contractor's Company Name & Address Telephone

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

**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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

8/20/07  
\_\_\_\_\_  
Date

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

**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: WM KENT PIERCE INC

Sign/Title: *W. Kent Pierce - President*

Date: 8/20/07

