

* 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 # _____
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: Raynor Builders Inc. Date: 12-18-07
Address: 360 N Raleigh St Angier N.C. 27501 Phone: 639-3012
Directions to job site from Lillington: _____

Subdivision: Dexterfield Lot: 27

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: SFD

General Contractor Information

Heated SF 1482 Crawl Space Building Construction Cost \$ 150,000.00
Unheated SF 700 Slab () Acres Disturbed _____ Stories 1

Raynor Builders Inc.
Building Contractor's Company Name Telephone _____
301 N Raleigh St. Angier N.C. 27501 Address License # 40079

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps

Mabry's Electrical Service
Electrical Contractor's Company Name Telephone 639-4837
Angier N.C. Address License # 150777 L

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 2 Type System split Mechanical Cost \$ _____
JC's Heating & A/c 146 A/PUMP Telephone 557-3053

Mechanical Contractor's Company Name Telephone _____
Holly Springs N.C. Address License # 126554-3

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths 2 Plumbing Cost \$ _____
Barnes Plumbing Telephone 639-3401

Plumbing Contractor's Company Name Telephone _____
Angier N.C. Address License # 17735

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Jatum Insulation
Insulation Contractor's Company Name Address GARNEC N.C. 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 Department of any and all changes.

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

Date 12-18-07

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

The undersigned applicant for Building Permit # _____ being the:

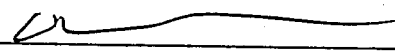
- General Contractor
- Owner
- Officer/Agent of the Contractor or Owner

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: RAYNOC BUILDERS INC.

Sign/Title: OWNER 

Date: 12-18-07