

* 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 # 08-50019812

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: THOMAS H Mc LULLOUGH III Date: 5-2-08
Site Address: WOODFIELD CT. & OAK BLUFF CT. Phone: 919-795-0211
Directions to job site from Lillington: HWY 401 N TOWARD F-V TIL
ONTO RAWLS CHURCH RD. GO 2 MI. TIL INTO LEGACY
AT RAWLS STA. TIR ONTO WOODFIELD CT. LOT 15 AT END ON L
Subdivision: LEGACY AT RAWLS Lot: 24
Description of Proposed Work: SFD #Bedrooms: 3
Heated SF 1725 Unheated SF 350 Finished Rec Room? NO Crawl Space (✓) Slab ()

General Contractor Information

PALMETTO DESIGN BUILD 919-795-0211
Building Contractor's Company Name Telephone

5020 SALEM RIDGE RD HOLLY SPRINGS 63779
Address License #

Thomas H Mc Lullough III
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work ROUGH-IN & TRIM OUT Service Size: 200 Amps TPole yes/no
MABRY'S ELECTRICAL SERVICE 919-639-4837
Electrical Contractor's Company Name Telephone

731 MABRY RD ANGLIER 27501 15077-4
Address License #

John Mabry
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HVAC
J.C.'S HEATING & A/C 919-552-3053
Mechanical Contractor's Company Name Telephone

1537 WADE STEPHENSON RD. HOLLY SPRINGS 12655
Address 27540 License #

Jimmy Canell
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work ROUGH-IN & TRIM OUT # Baths 2
BARNES PLUMBING, INC. 919 639-0935
Plumbing Contractor's Company Name Telephone

PO BOX 1207 ANGLIER 27501 17735
Address License #

La Barnes
Signature of Officer(s) of Corporation

Insulation Permit Information

INSULATING INC. 1212 HOME CT. RALEIGH 919-772-9000
Insulation Contractor's Company Name & Address Telephone 27603

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.

Thomas M. Caldwell
Signature of Owner/Contractor/Officer(s) of Corporation

5/2/08
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: PALMETTO DESIGN BUILDS/Thomas M. Caldwell

Sign w/Title: _____ Date: 5/2/08