

0850019883

Application # ~~1250075219~~

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

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 BRADLEY BUILT, INC Date 1/26/12  
Site Address 93 TRUE BLUE DR BROADWAY, NC Phone 919-639-2073  
Directions to job site from Lillington HWY 27 WEST - PAST WESTERN HARNETT HIGH SCHOOL - TURN LEFT ON TILGEN RD - TOP OF HILL PATTONS POINT SUB ON LEFT  
Subdivision PATTONS POINT PHASE II Lot # 174  
Description of Proposed Work RESIDENTIAL NEW HOME # of Bedrooms 3  
Heated SF 1301 Unheated SF \_\_\_\_\_ Finished Bonus Room?  Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name BRADLEY BUILT, INC Telephone 919-639-2073  
Address 466 STANCIL RD ANGIER, NC 27501 Email Address \_\_\_\_\_  
License # 54519

**Electrical Contractor Information**

Description of Work New Residential Service Size 200 Amps T Pole  Yes \_\_\_\_\_ No \_\_\_\_\_  
C & M ELECTRIC SERVICE Telephone 919-772-4518  
Electrical Contractor's Company Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address 600 BRUCKSTEEL LN GARNER, NC  
License # 05689-L

**Mechanical/HVAC Contractor Information**

Description of Work New Res Telephone 919-329-0686  
STEPHENSON HVAC Mechanical Contractor's Company Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address 343 SHIPWASH DR GARNER, NC  
License # 18644 H3-I

**Plumbing Contractor Information**

Description of Work New Res # Baths \_\_\_\_\_ Telephone 919-639-0935  
BARNES PLUMBING Plumbing Contractor's Company Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address PO Box 1207 ANGIER, NC 27501  
License # P17735

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address TATUM INS 519 OLDDRUGSTORE RD GARNER, NC Telephone 919-661-0999

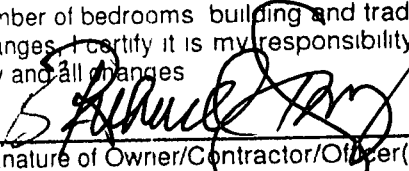
NOTE General Contractor must fill out and sign the second page of this application

**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

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

2/3/12  
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 BRADLEY BUDGET, INC

Sign w/Title  Date \_\_\_\_\_

Plan Box # AA16

Date 1-27-12

Job Name Stancu

App # 0850014883

Valuation 103,656

SQ Feet 1594

**Inspections for SFD/SFA**

Crawl

Slab \_\_\_\_\_

Mono \_\_\_\_\_

|            |            |                     |
|------------|------------|---------------------|
| Footing    | Footing    | Plumbing Under Slab |
| Foundation | Foundation | Ele Under Slab      |
| Address    | Address    | Address             |
| Open Floor | Slab       | Mono Slab           |
| Rough In   | Rough In   | Rough In            |
| Insulation | Insulation | Insulation          |
| Final      | Final      | Final               |

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir Health

Other \_\_\_\_\_  
\_\_\_\_\_



**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_