

* 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 # 0850019878

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: D. Clifton Curtis Homes II Date: 4-29-08

Site Address: 300 SHERMAN POND DRIVE Phone: 919 337-3041

Directions to job site from Lillington: N 401 RT SHERMAN POND DRIVE

Subdivision: Sherman Pond Lot: 29

Description of Proposed Work: NEW HOME #Bedrooms: 3

Heated SF 2010 Unheated SF 420 Finished Rec Room? YES Crawl Space Slab ()

General Contractor Information

D. Clifton Curtis Homes II 919-337-3041
Building Contractor's Company Name Telephone

2010 WILSON BLVD ASH NC 27523 59538
Address License #

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

Electrical Permit Information

Description of Work RESIDENTIAL (NEW) Service Size: 200 Amps TPole no

LIGHTING ETC 919-894-7186
Electrical Contractor's Company Name Telephone

632 OLD ROBES RD RAINBOW NC 27504 2282L
Address License #

Signature of Officer(s) of Corporation [Signature] Prem. 5 76174342

Mechanical Permit Information

Description of Work RESIDENTIAL (NEW)

WEATHERSTRIP HVAC 919-266-4415
Mechanical Contractor's Company Name Telephone

305 VILLAGE DRIVE KILPATRICK NC 27545 17326 H2H-S-I
Address License #

Signature of Officer(s) of Corporation [Signature]

Plumbing Permit Information

Description of Work NEW PLUMB # Baths 2 1/2

EVANS PLUMBING LLC 919-772-9133
Plumbing Contractor's Company Name Telephone

102 SIGMA DRIVE GARWOOD NC 27529 07035 P-I
Address License #

Signature of Officer(s) of Corporation [Signature]

Insulation Permit Information

TATUM Insulation 919-661-0999
Insulation Contractor's Company Name & Address Telephone

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

Date

4-29-08

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: D. C. [unclear] Home Dr

Sign w/Title: [Signature] Permit Date: 4-29-08