

\* 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 27548  
Telephone Number 910-893-7525 www.hamett.org  
**Application for Building and Trade Permit**

Owner's Name: Pos Home Builders LLC Date: 5/6/08  
Address: PO BOX 42535 FAYETTEVILLE NC 28309 Phone: 910-424-1294

Directions to job site from Lillington: out 27 - right onto Harnett rd  
left into Parsimon Hill - right onto Old Field Loop  
Subdivision: Parsimon Hill Lot: 22

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

Total Project Cost: 183,500.00 Description of Proposed Work: new construction  
**General Contractor Information**  
Heated SF: 2962 Crawl Space ()  
Unheated SF: 457 Slab ()  
Building Construction Cost \$ 161,750.00  
Acres Disturbed .65 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 construction Electrical Cost \$ 6075.00  
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 construction  
Number of Units: 2 Type System: heat pump Mechanical Cost \$ 6120.00

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 construction  
Number of Baths: 2 1/2 Plumbing Cost \$ 6250.00

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

5/6/08  
\_\_\_\_\_  
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: *[Signature]* - President

Date: 5/6/08

# HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

## Water User's Agreement

**Form Must be Completed in Full Before Service is Made Available. I.D. is Required.**

Today's Date <u>5/16/06</u>	Fees Due:	Deposit, Owner, Water \$25	Connection Fee,
Date Service Requested <u>READY</u>		Deposit, Owner, Sewer \$25	all accounts: \$15
		Deposit, Rental, Water \$50	
		Deposit, Rental, Sewer \$50	Meter Fee: \$70/meter

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

**Please Print:**

Service Address: 294 Old Field Loop Landlord \_\_\_\_\_

Name: P.S. Home Builders LLC

Co-Applicant Name: Wm Kent Pierce III

Mailing Address: P.O. Box 42535

Town Fayetteville State NC Zip 28309

Phone Number 910-391-0194

Previous Address: \_\_\_\_\_

Customer's Social Security # \_\_\_\_\_ Co-App's Social Security # \_\_\_\_\_

Customer's Drivers License Number & Birthdate \_\_\_\_\_

Co-Applicant's Drivers License Number & Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Co-Applicant's Employer and Phone Number \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature [Signature]

Amt Paid _____	Cash: _____	Check: _____	Account # _____
Account # Transferred From: _____	Date To Turn Off _____		
Address of Transferred Acct _____	Turn On: _____	Read Only: _____	Install _____