

* 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 # 0850020225 SFD
0850020483 Well

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: Ted & Judy Grantham Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: 401 N to Christien Light Rd to Cokesberry Rd
take left to Ball Rd take left to NC. 42. take left
1 mile to Clarks Corner Rd left all the way to the end

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Self As Owner
Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Judy Grantham
Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

Self As Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Judy Grantham
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

Self As Owner
Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Judy Grantham
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Self As Owner # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Self
~~Insulation Contractor~~ - # 11972 919-776-4138
Insulation Contractor's Company Name & Address _____ Telephone _____

As Owner 11972 1827 Jefferson Davis Hwy.
Judy Grantham

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.

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

7-28-08
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: _____

Sign w/Title Judy Grantham Date: 7-28-08