

* 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 50020450

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: John Campbell Builders Inc Date: _____

Address: 14 Bolder Drive Phone: 488 8514

Directions to job site from Lillington: Hwy 27 to Nursery rd turn left

To Oaks rd turn RT to Microtower rd turn Left to timberline turn RT
Subdivision: The Summit Sec III Lot: 100 to Castle Rock
turn RT to
Bolder turn RT

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF 1960 Crawl Space
Unheated SF 670 Slab ()
Building Construction Cost \$ 115080
Acres Disturbed Less than 1 Stories 1.5

John Campbell Builders
Building Contractor's Company Name Telephone
757 McAnthur Rd Fayetteville N.C. 31430
Address License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
910 897 6216

Tommy Maide Electric
Electrical Contractor's Company Name Telephone
34 Egg Rd Coats NC 27521 23491-L
Address License #

Thomas J. Maide
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Ran Co. Heating + Air 858 7300
Mechanical Contractor's Company Name Telephone

121 Bayshore Drive Parkton NC 28371 16556
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Jamie Johnson 814-0218
Plumbing Contractor's Company Name Telephone

1490 Clark Rd Lillington NC 27546 21649
Address License #

Jamie Johnson
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Blown-In Rite Insulation
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

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: John Campbell Builders Inc

Sign w/Title: [Signature] VP Construction Date: 28 July 08