SCANNED 1/29/09 DATE

\* 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 licenses.

Application # 09 500 21512

## Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit Owner's Name: WoodShire Phone: Site Address: 164 Directions to job site from Lillington: Subdivision: WOODShire Description of Proposed Work: Residentia #Bedrooms: Heated SF 2416 Unheated SF 695 Finished Rec Room? 465 Crawl Space ( ) Slab () General Contractor Information Telephone **Building Contractor's Company Name** Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Amps TPole (49)/no Service Size: Description of Work EN Electric Electrical Contractor's Company Name Address . X Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Chacco Mechanical Contractor's Company Name 1910-B

Signature of Officer(s) of Corporation

Address

Plumbing Permit Information

Description of Work

YMU JUNNSON

Plumbing Contractor's Company Name

3344 ... MILL DRIVE, FALL, NC
Address

Address

License #

Signature of Officer(s) of Corporation

**Insulation Permit Information** 

Cumberland Insulation
Insulation Contractor's Company Name & Address

<u> 484-7118</u>

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 an project?	d manage construction of the yes no
3. Do you intend to directly control & supervise construction activi-	ties? yes no
4. Do you intend to schedule, contract, or directly pay for all phase done?	es of construction work to be no
5. Do you intend to personally occupy the building for at least 12 completion of construction and do you understand that if you do no presumption under law that you fraudulently secured the permit?	consecutive months following of do so, it creates theyes 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	26/09
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 o	f 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.	
Has no more than two (2) employees and no subconfiactors.	
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of wo to issuance of the permit and at any time during the permitted work from carrying out the work.	rker's compensation insurance prior any person, firm or corporation
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