

* 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 # 09 500 215 27

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

SCANNED
2/11/09
DATE

Application for Residential Building and Trades Permit

Owner's Name: Hugh Surles Builders Date: _____
Site Address: 42 Walnut Grove Dr. Bunnlevel Phone: 919 422 7065
Directions to job site from Lillington: 10 miles south of Lillington on 210. Take Left on Lasker Rd. to 5 mile & 500 is on left.

Subdivision: Walnut Grove Lot: 35
Description of Proposed Work: _____ #Bedrooms: 3

Heated SF 2375 Unheated SF _____ Finished Rec Room? Yes Crawl Space Slab ()

General Contractor Information
Building Contractor's Company Name: Hugh Surles Builders Telephone: 919 422 7065
2006 NC 900 N Angier NC 27501 License #: 62559
Address: _____

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
Electrical Contractor's Company Name: Alex Dean Electrical Telephone: 919 552 4281
8039 Kennebec Rd. Willow Springs NC License #: 5748
Address: _____
Signature of Officer(s) of Corporation: Alex Dean

Mechanical Permit Information

Description of Work: _____ # Baths: _____
Mechanical Contractor's Company Name: Youngs Electric Inc Telephone: 639 2297
PO Box 398 Angier NC License #: 404469
Address: _____
Signature of Officer(s) of Corporation: Joe Young

Plumbing Permit Information

Description of Work: _____ # Baths: _____
Plumbing Contractor's Company Name: W&W Plumbing Telephone: 639-0195
PO Box 1004 Angier NC License #: 14087
Address: _____
Signature of Officer(s) of Corporation: Ruby Wolfe

Insulation Permit Information

Insulation Contractor's Company Name & Address: Insulating Inc 1212 Home St Raleigh Telephone: 772 9000

ENTERED

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] Signature of Owner/Contractor/Officer(s) of Corporation 2-11-09 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: [Signature] Builders
Sign w/Title: [Signature] Date: _____