

* 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 21608

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

SCANNED
3/23/09
DATE

Application for Residential Building and Trades Permit

Owner's Name: Gary & Kathy Shindledecker Date: 3-23-09
Site Address: 2745 Kipling Road Phone: 919-552-3637
Directions to job site from Lillington: Hwy 401 to Kipling, T/L onto Kipling Rd.
Lot is approx 4 miles on left

Subdivision: N/A Lot: _____
Description of Proposed Work: New SFD #Bedrooms: 2
Heated SF 1804 Unheated SF 630 Finished Rec Room? yes Crawl Space () Slab ()

General Contractor Information

Freedou Constructors Inc 910 892-1231
Building Contractor's Company Name Telephone
PO Box 608 Dunn NC 28335 11590
Address License #

T.OTH M Tat Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New House Service Size: 200 Amps TPole: yes/no
G+S Electric 919-552-3637
Electrical Contractor's Company Name Telephone
2745 Kipling Rd Fuquay Varina 10259-L
Address License #

Gary Shindledecker
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New House
J+M Heating & Air Inc 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 17164
Address License #

Kent Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Pump New House # Baths 2
Steed's Plumbing 919-552-3637
Plumbing Contractor's Company Name Telephone
372 Kipling Road, Fuquay-Varina NC 16207
Address License #

Sam Steed
Signature of Officer(s) of Corporation

Insulation Permit Information

Tri City Insulation + Building Products Fayetteville NC 910-480-4355
Insulation Contractor's Company Name & Address Telephone

MAR 19 2009

**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: Freedom Constructors Inc of Dunn

Sign/Title: Tory M Tat / Qualifier

Date: 3-23-09

