- E801	SENSION OFFICE !	DO DE WIND OUT D	y
Whome	ver performing	Work. Must be	Istrata
CALIFORNIA &	and contractor. phore must a	Address, comp Indemission	idiny Lag
license.		_	

Application	#
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Harnett County Central Permitting
PO 80x 65 Lillington, NC 27546
910-893-7625 Fox 810-893-2783 www.harnett.org/permits
Application for Registrative Data County

Konnesdon for Handani	al Building and Trades Permit	
Owner's Name: AQ Contencting I	Deta: 3/13/09	ı
Site Address	Phone: 919-656-680	<u>-</u>
Directions to job site from Lillington: 2+27 w	298 TO BEFT ON TUKEN	
Relate to left on Tower	Deine to Pint no	-
MICRO COURS	Light Co	-
Subdivision: TINGEN PLACE	Lot 50	*
Description of Proposed Work: NEW Single Family	Le Residential Modername: 3	-
Heated SF 1858 Unheated SF 486 Finished	Rec Room? YES Cond Space A	Shh /
	ractor Information	, cied ()
All Contracting Time	99-542-9893	
concerns conserve a company tante	Telephone	•
PO BOX 1508 Pittsbogg, 1	16 2732 47496	•
Winds of Musical	License #	
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page	
Electrical Pe	rmit information .	
Description of Work Electrical Bearing Serve	ice Size: 200 Amps TPole: 69000	
Tronger Flech ic & Plainteranie lo. Inc.	919-499-7767	_
	* Cichiotic	•
ROMill Thomas Rd Lillington NO 275		•
Address B	License #	
Signature of Officer(s) of Corporation		
	Permit information	
Description of Work ASSAUS SALE FOR		
ARE / Rescue Rooter	919. 828. 5147	
Machanical Contractor's Company Name	Talephone	
517 Pylon Drive Parlois de	27506 16245	
Address /	License #	
The But		
Signature of Officer(s) of Corporation		
	ret information	
Description of Work HUMBIES For Cont	# Baths	_
Plumbing Contractor's Company Name	910-984-6277)
1490 Mark Dood Lilling	Talephone	
Address	2/097	
James Jol	7546 License #	
Signature of Officer(s) of Corporation		
Insulation Per		
TRI City Taxulation & Beilding To	Hurts 910-486-8855	be
Insulation Confractor'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?
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
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? 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
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 <u>any</u> 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.
Signature of Owner/Contractor/Officer(s) of Oorporation Date
Signature of Owner/Contractor/Oticer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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
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:
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.
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
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.
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