* 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.

500 22044

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

	Application for Residential Building and Trades Permit DATE
	Owner's Name: Jean-Paul ? Amy Foisy Date: 04-29-2009
	Site Address: Iract I WC Gardser HWY 27 E Coats, MPhone:
	Directions to job site from Lillington: NWY. 4215 to a Lott on HWY. 27
	frozerty is (1) mile hotore intersection of HWE 27:55 on right,
	X Physical address next to property is 3350.
	Subdivision: Tract I WC Gardner Lot: Tract /
	Description of Proposed Work: S.F. Residential #Bedrooms: 3
	Heated SF 1817 Unheated SF 133 Finished Rec Room? Crawl Space (Slab ()
	General Contractor Information
	Ken Dauson Homes, Inc. (919) 422-6979
	Building Contractor's Company Name Telephone
	Address Spring, NC 27592 59881 License #
	Must sign & fill out second page
	Signature of Owner/Contractor/Officer(s) of Corporation
	Description of Work Service Size: Amps TPole yes no
2	Mabry's Electrical Source, Inc. (919) 639-4837
5	Electrical Contractor's Company Name Telephone
×	731 Mabry Koad Hygir, NC 27501 15077-U Address) License #
MAI A O	phone of the Des
	Signature of Officer(s) of Corporation
	Mechanical/HVAC Permit Information
	Description of Work Residential ST
	Byrd Heating Cooling, Inc. Mechanical Contractor's Company Name Telephone Telephone
	Mechanical Contractor's Company Name Telephone 2040 NC HWY. 96 South fow Oabs, NC 27534 28699
	Address License #
	Truck Burd
	Signature of Officer(s) of Corporation
	Plumbing Permit Information
	Description of Work # Baths # Baths
	Plumbing Contractor's Company Name Gilbert Plumbing Co. Telephone G10) 567-636/ Telephone
	1138 Timity Rd Dun NC 28334 10929
	Address / License #
	Sill lether
	Signature of Officer(s) of Corporation
	Tester Insulation II 519 Old Dry Store Rd Corner N 27539 (919)661-0999
	Insulation Contractor's Company Name & Address Telephone 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?
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 <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
04-29-2009
Signature of Wher/Contractor/Officer(s) of Corporation Date
Signature **Swner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Signature of Winer/Contractor/Officer(s) of Corporation Date 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:
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
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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
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