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 22184

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
3-7525 Fav 910 903 2703

	910-893-7525 Fax 910-893-2793 www.harnett.org/permits	SCANN
	Application for Decidential B. U.D	69
	Owner's Name: Stephenson Rulchers For Date: 6-9.09 Site Address: 10 (1986) For DR Rouges (1987) Phone: (1987) The Stephenson Rulchers For DR Rouges (1987) The Stephenson Rule (1987) T	DATE
	Filorie: "117- /3/)	0 A
	Directions to job site from Lillington: 210 toward Fayer putte. Left	7
	on Lassifer Road. Go IM. SUB ON LT.	. /
	THE STATE OF LITE	. /
	Subdivision: _ Walnut GraveLot: _17	. \
	Description of Proposed Work: Sand Ferral L. Harrie #Bodrooms: 22	
		<u> </u>
	Unheated SF 40 Finished Rec Room? 465 Crawl Space (*) General Contractor Information	Slab ()
	Stephenson Builders Inc 919-639-2862 or	
	Building Contractor's Company Name Telephone	
	1187 N Raleigh St. Angrer NC 27501 53604	
	Address #	
	Sign of Color of Colo	
	Signature of Owner/Contractor/Officer(s) of Corporation	
	Description of Work New Sal Family Service Size: 200 Amps TPole: (es)no	
	For Dean Electrical 919-552-4282	
	Electrical Contractor's Company Name Telephone	
90	39 KENNESSE Rd. WILLOW SPRING NG. 27592 05748	
	Address Address License #	
	hoppien	
,	Signature of Officer(s) of Corporation	
	Mechanical/HVAC Permit Information	
	Description of Work New	
ĩ	Mechanical Contractor's Company Name S39 WADE STEAMSHOON Rd. HOLLY SPEINGS MC. 12655	,
,	Cag and a Company Name Telephone	
7		
•	License #	
3	Signature of Officer(s) of Corporation	
	Plumbing Permit Information	
	Description of Work Nc # Baths 3	
	" Datio	•
F	Plumbing Contractor's Company Name 919-639-0195 Telephone	
_	PO Box 1004 Angler NC 27501 P- 14087	
Α	License #	
	hub yells	
S	ignature of Officer(s) of Corporation	
	Insulation Permit Information	
In	-MSU ating In - PACEIGH A.C 772-900	
н	sulation Contractor's Company Name & Address Telephone	

11 Applying to Ruild Their Own Home			
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?no			
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 a supervise construction depretion			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be 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 it you do not do so, it creates the presumption under law that you fraudulently secured the permit?			
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. 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 satedule. Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General ContractorOwner 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.			
COVOING MEMORY			
Has no more than two (2) employees and no subcontractors.			
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.			
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			