Owner's Name: Leith Bullock Builder	r- NC 2750/ Phone: 9/9-4/27-4/6-28
To warmet Grove Sub 1st entrume	Approx, 10 miles, lett on LASAter Rd
Subdivision: walnut and Construction Type: (Please Check)	Lot: 36 Building Use: (Please Check)
New Renovation Addition	
Moved House Other Description of Proposed Work:	Multi-Family
Project Cost:	Permit Information
Keith Bullock Buildos, INC.	
Building Contractor's Company Name 72 Overlock Ct. Angier NC 275 Address	Telephone 47504 License #
Signature of Officer(s) of Corporation	_
Description of Work New TS Pole: Yes (Y) No () Underground (Y)	Permit InformationElectrical Cost \$ Overheard ()
Permanent Service: Underground () Overhe Rex Dean Electrical Electrical Contractor's Company Name	ad () Service Size:Amps
Address by L. Billock	Telephone 5748 License #
Signature of Officer(s) of Corporation	l Permit Information
Number of Units 2 Type System	
Mechanical Contractor's Company Name Po Box 398 Angier	Telephone HO44169
Address Ted Your & Abullant Signature of Officer(s) of Corporation	License #
Description of Work New	Permit Information
Number of Baths 7.5 W&W Romans Co. Two. Plumbing Contractor's Company Name	Plumbing Cost \$
Address Address Aid welk by A Sulleck Signature of Officer(s) of Corporation	License #
Residential W Other () Not Required ()	Permit Information 7777 - Conso
Insulation Contractor's Company Name	Address Telephone

Sprinkler System Information

Sprinkler Contractor's Company Name	i	Telephone	
Contact Person.			
Address		License #	. i
Signature of Officer(s) of Corporation Fire	Alarm System	n Information	3 .
Fire Alarm Contractor's Company Name		Telephone	
Contact Person			
Address		License #	
Signature of Officer(s) of Corporation	<u>Driveway A</u>	ccess	
NC Department of Transportation Drivew	ay Access/Perr	mit? Yes No _	and the second s
I hereby certify that I have the authority correct and that the construction will or Plumbing and Mechanical codes, and information on the above contractors is above contractors I certify it is my response of any changes.	conform to the the Harnett (correct as knownsibility to notif	e regulations in the B County Zoning Ordinal vn to me and if any chay the Harnett County In	uilding, Electrical, nce. I state the anges occur in the spections Division
Signature of Owner/Contractor/Officer(s)	of Corporation	Date	

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant for Building Permit # 2-50022221 being the:
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: feith Bullock Evildos Inc.
from any person, firm or corporation carrying out the work. Firm Name: Feith Bullock Builders Inc. By/Title: President
Date: 7-13-09