

* 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 # 0950022241

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: Ran Development Date: 6-4-129
Site Address: 419 Carolina Oaks Cir Phone: 910-323-4311
Directions to job site from Lillington: S. 401 to Eliotte Bridge Rd. to Wil Lucas Rd.
Subdivision: Carolina Oaks Lot: 56

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addillon Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: Residential
Heated SF 1717 Unheated SF 548 Finished Rec Room? N/A Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name: EIK Ridgeal Southview Telephone: 910-323-4301
Address: 1004 Bradford Ave Fayetteville NC 28301 License #: 369610

Signature of Owner/Contractor/Officer(s) of Corporation: William Maxwell
Must sign second page & fill out third page

Electrical Permit Information

Description of Work: Electrical Elec Cost \$ _____ Service Size: 200 Amps #TPoles 1
Electrical Contractor's Company Name: Julian Bain Electrical Contractor Telephone: 818-4125

Address: 2772 School Road Hope Mills, NC 28348 License #: 59810

Signature of Officer(s) of Corporation: Julian Bain

Mechanical Permit Information

Description of Work: HVAC # Units: _____
Mechanical Contractor's Company Name: TRAVIS Air Heating & Cooling Telephone: 910-322-2500

Address: 2247 Wade - Stedman NC 28329 License #: 28330

Signature of Officer(s) of Corporation: Lee Travis

Plumbing Permit Information

Description of Work: Plumbing # Baths: _____
Plumbing Contractor's Company Name: Earlis Jones Plumbing Telephone: _____

Address: 3242 Mid Pine Dr. Cary, NC 28306 License #: 7756 P1

Signature of Officer(s) of Corporation: Earlis Jones

Insulation Permit Information

Insulation Contractor's Company Name & Address: Blown-Rite Insulation Co Telephone: 463-8191

**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: Ray Development

Sign/Title: William Maxwell President

Date: 6-4-09

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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? ___ 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 if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date _____

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, 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.

Walter Howell
Signature of Owner/Contractor/Officer(s) of Corporation

6-4-09
Date