

* 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 # 0950022242

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: 6-4-09
Site Address: 439 Carolina Oaks Cir Phone: 910-323-4301
Directions to job site from Lillington: 401 S to Elliott Bndg to Wilcox

Subdivision: Carolina Oaks Lot: 57

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

Total Project Cost: _____ Description of Proposed Work: _____
Heated SF 1721 Unheated SF 526 Finished Rec Room? N/A Crawl Space () Slab

General Contractor Information

Building Contractor's Company Name: EIK Ridgeal Southview Telephone: 910-323-4301
Address: 100-4 Bradford Ave Fayetteville NC 28301 License #: 369610
Signature of Owner/Contractor/Officer(s) of Corporation: William Maxwell Jr
Must sign second page & fill out third page

Electrical Permit Information

Description of Work: Electrical Service Size: 200 Amps #TPoles: 1
Electrical Contractor's Company Name: Julian Boen Electrical Contractor Telephone: 818-4125
Address: 2772 School Road Hope Mills, NC 28348 License #: 59810
Signature of Officer(s) of Corporation: Julian Boen

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 28327 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. Fay, 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: 483-8191

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name

Address

Signature of Officer(s) of Corporation

Contact & Telephone

License #

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Address

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.

William Hayes 6-4-29
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 # _____ 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.

X _____ 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: Ram Development

Sign/Title: William Maxwell

Date: 6-4-179