

* 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 # 0950022244

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: Bum Development Date: 6-4-09
Site Address: 479 Carolina Oaks Cir Phone: 910-323-4301

Directions to job site from Lillington: 401 S to Elliott Brdg to Wil Lucas Rd
Subdivision: Carolina Oaks Lot: _____

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

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

General Contractor Information Building Cost \$ _____
EIK Ridgeal Southview 910-323-4301
Building Contractor's Company Name Telephone
1004 Bradford Ave Fayetteville NC 28301 369610
Address License #

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

Electrical Permit Information Elec Cost \$ _____
Description of Work: Electrical Service Size: 200 Amps #TPoles 1
Julian Boice Electrical Contractor 818 4125
Electrical Contractor's Company Name Telephone
2772 School Road Hope Mills, NC 28348 59810
Address License #

Julian Boice
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ _____
Description of Work: HVAC # Units _____
TRAVIS Air Heating & Cooling 910-322-2500
Mechanical Contractor's Company Name Telephone
2347 Wade - Stedman NC 28320 28330
Address License #

Lee Travis
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____
Description of Work: Plumbing # Baths _____
Earlis Jones Plumbing 910-484-9403
Plumbing Contractor's Company Name Telephone
3242 Mid Pine Dr. Cary, NC 28306 7756 P1
Address License #

Earlis Jones
Signature of Officer(s) of Corporation

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

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.

William Havelle
Signature of Owner/Contractor/Officer(s) of Corporation

6-4-09
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.

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: Ran Development

Sign/Title: William Maxwell Owen

Date: 6-4-09