

whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0950022292
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Keith Raynor Date: 6-8-09
Site Address: Lot 18 Ross McClure Phone: 910 884 6765

Directions to job site from Lillington: Hwy 610 421 North
 3 miles Take into sub divider lot on left

Subdivision: Ross McClure Lot: 18

Description of Proposed Work: NEW HOUSE #Bedrooms: 4
Heated SF 2803 Unheated SF 1448 Finished Rec Room? Yes Grawl Space Slab

General Contractor Information

CEFCO CONST. LLC 910 884 6765
Building Contractor's Company Name Telephone

630 Griffin Rd Lillington NC 27546 14856
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead

Permanent Service: Underground Overhead Service Size: 200 Amps
JM POPE ELECT 910 890 3655

Electrical Contractor's Company Name Telephone
3482 Cameron Drive 21226

Address License #
James M. Pope II
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Jones & Jones 510 424-7702
Mechanical Contractor's Company Name Telephone

5217 Manacord Hope Mills NC 28348 4283 11614
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Richard Allen Cressman 910 476-2441
Plumbing Contractor's Company Name Telephone

318 Rona A St. 5th Floor Hope Mills NC 28348 910-26497
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required
Blown RITE

Insulation Contractor's Company Name Address Telephone

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, which entitles me to perform such work on
the above structure legally. All work shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie Johnson Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 Clark Rd.

Lillington N.C. 27546

County: Harnett

Contractor's License: 21649

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

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 schedule.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

7-8-08
Date

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

The undersigned applicant 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 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.

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.

Company or Name: CECILE CANT ZPC

Sign w/Title: *[Signature]* V.P. Date: 7-8-08

