

* 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 # 22322
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: STEPHENSON BUILDERS INC. Date: _____

Site Address: 120 WINGED FOOT DRIVE BUNN LEVEL NC 28323 Phone: 919 427 8654

Directions to job site from Lillington: Hwy 210 W. TOWARD BUNN LEVEL LEFT ON LASSITER ROAD. 3/4 MILE TURN L. INTO WALNUT GROVE LOT ON LEFT.

Subdivision: WALNUT GROVE Lot: 10

Description of Proposed Work: NEW RESIDENTIAL #Bedrooms: 4

Heated SF 2206 Unheated SF 200 Finished Rec Room? YES Crawl Space Slab ()

General Contractor Information

STEPHENSON BUILDERS INC. 919 639-2862 or PHIL 427-8654
Building Contractor's Company Name Telephone

1187 N. RACEIGH ST. ANGER NC 27501 53604
Address License #

[Signature]

Must sign & fill out second page

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

Electrical Permit Information

Description of Work NEW - RESIDENTIAL Service Size: 200 Amps TPole no

REX DEAN ELECTRICAL 919-552-4282
Electrical Contractor's Company Name Telephone

6039 KENNEDY RD. WILLOW SPRING N.C. 27592 05748
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work NEW RESIDENTIAL

TC'S HVAC 919-552-6258
Mechanical Contractor's Company Name Telephone

1539 WASE STEPHENSON RD. HOLLY SPRING NC 12655
Address 27540 License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW RESIDENTIAL # Baths 3

W & W PLUMBING Co. INC. 919 639-0195
Plumbing Contractor's Company Name Telephone

PO. BOX 1004 ANGER NC 27501 P 14287
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

INSULATING INC. 919 772-9000
Insulation Contractor's Company Name & Address Telephone

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

6-18-09
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: STEPHENSON BUILDERS INC

Sign w/Title: *[Signature]* 'PRESIDENT' Date: 6-18-09