* Each secti	on below to	be filled	out by
whomever p	erforming v	work. Mus	st be owner
or Ecensed	contractor.	Address,	сотрапу
name & pho	ine must m	atch infon	mation on .
Scanca			

Application #	<i>2</i> 2551

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

	Application for Residential I		, .	
Owner's Name:/	M+P Partners, us	Date:	7/28/09	(T) at-
Site Address:	Spring Flowers Drive	Phone: (916)	814-4236	Our
Directions to job site	, , , , , , , , , , , , , , , , , , , ,	1 4	On Al	11 Store
	ille la alou that Go la alas	of word - cubd	Limite Is a Chiss C	treet!
Continue dou	n Pundensa Trail. (D mt			of pad in
Subdivision:	anina scasins	LOI		cul-de-sac.
Description of Prop	posed Work: New Home	#Bed	rooms: 4	
	4 Unheated SF 568 Finished F	Rec Room? <u>VS</u>		ab ()
i	General Contra	ctor information	•	
Jason Price	construct in Inc.	<u>(910) 814-4</u>	<u> 236 </u>	
Building Contractor	r's Company Name	Telephone		
170 Pine	State St. Willington, NC		<u>50859</u>	
Address			License #	
Nuta	ue nu	Must sign & fill out seco	nd page	
Signature of Owne	r/Contractor/Officer(s) of Corporation] 		
		mit information on Stor: <u>20</u> Amp	s TPole:/ves/no	
Description of Work		919- 358-6	208	
The ships of Continues on	rs Company Name	Telephone		
	74 Bandway M.C. 27	505	11906-4	L .
ACCUSES	ET ANOMALY III - ZI		License #	
Tooless The	Elman L. La.		• • •	•
Signature of Officer	fa) of Corpolation			•
		Permit Information		
Description of W	À 1			
Jackson	is Heating + AIC Inc	919- 80	11-5410_	
Mechanical Con	tractor's Company Name	Telephone		
PO Box	r 82 , Benson, NC &	97504	<u> 23670</u>	
Address -			License #	
J. Dard	<u> </u>	. David-Jacks	on i thes leten	/-
Signature of Off	icer(s) of Corporation	**		
	Number of February Per	rmit Information	. 2	
Description of Wo		# Ba		
Glover Co.	ntract Ylumbina Irl	الاستعلام المستعدد ا	68-8959	
Plumbing Contrac	ctor's Company Name	Telephone	\ \ \ \ \ \ \ \	
PD Box	726		3 3 6 8 License #	
Address Aldun a	2 Den		Liceuse #	
Signature of Office	cer(s) of Corporation			
-	Inneriation Day	rmit information	d. (a.)	
Tatum I	nsulation It Inc	19 old Drug Store &	(919)661	0999
Insulation Contra	ctor'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)						
Do you own the land on which this building will be constructed? yes no						
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 anv 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 of Owner/Contractor/Officer(s) of Corporation 7/28/09 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) 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.						
them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance						
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.						
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						