

Application # 0950022555
Renewal

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: Scott Lee Homes, Inc. Date: 2/29/12
Site Address: 19 Jacob Street Holly Springs Phone: 9195532085
Directions to job site from Lillington: Hwy 42 West thru Fuquay Varina Left on Truelove Rd. Right on Adrian St Left on Jacob.

Subdivision: Jonathan Ridge Lot: 4
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 1613 Unheated SF: 592 Finished Bonus Room? no Crawl Space: yes Slab: no

General Contractor Information

Scott Lee Homes, Inc. 9195532085
Building Contractor's Company Name Telephone
100 Butternut Lane Clayton, NC 27520
Address Email Address
33181
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: x Yes No
Jeff Willis Electric 9195504700
Electrical Contractor's Company Name Telephone
5805 Cornwallis Drive Garner, NC 27529
Address Email Address
15644
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Stephenson Heating & Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shopwash Drive Garner, NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2.5
Rural Plumbing & Heating 919-832-7369
Plumbing Contractor's Company Name Telephone
701 East Six Forks Rd Raleigh, NC 27609
Address Email Address
8381
License #

Insulation Contractor Information

Eastern Insulation 1800-849-7204
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application.**

*underlined
3-6-12*

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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 of Owner/Contractor/Officer(s) of Corporation

2-29-12

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.

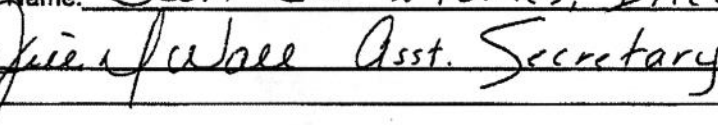
Has no more than two (2) employees and no subcontractors.

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:

Scott Lee Homes, Inc.

Sign w/Title:

 Asst. Secretary

Date: 2-29-12

Application # 22555R

**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: Scott Lee Homes, Inc.

Sign/Title: Chris J. Wall Assistant Secretary

Date: _____