

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 # 0950023218

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: S+K Homes Date: 11-7-09  
Address: 4609 Forest Highland Dr. Ral, NC 27609 Phone: 919-625-0363  
Directions to job site from Lillington: 27W to 24th on 24 then  
left on Cameron Hill Rd Subdivision on Right  
Subdivision: Chickline Plantation Lot: 139

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 1656 Crawl Space ( ) Building Construction Cost \$ 75000.00  
Unheated SF 526 Slab (  ) Acres Disturbed .35 Stories 1  
S+K Homes 919-625-0363

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
4609 Forest Highland Dr. Ral, NC 27609 53365  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Steve Jones

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes (  ) No ( ) Underground (  ) Overhead ( )  
Permanent Service: Underground (  ) Overhead ( ) Service Size: 200 Amps  
Wester & Pace 919-499-5389

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
546 Leslie Dr. Sanford, NC 1200-76  
Address \_\_\_\_\_ License # \_\_\_\_\_  
William Wester

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Number of Units \_\_\_\_\_ Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_  
Jacksons Heating + Air 910-891-5410

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 82 Benson, NC 23670  
Address \_\_\_\_\_ License # \_\_\_\_\_  
David Jackson

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Lee Glaser Plumbing Inc.

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 764 Benson, NC 27504 07958  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Lee Glaser

Signature of Officer(s) of Corporation

**Insulation Permit Information Residential ( ) Other ( ) Not Required ( )**

Blown Rite Insulation Inc 3737 Club Rd. Fuquay NC 910-483-8191  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_  
28312

**Sprinkler System Information - Commercial**

\_\_\_\_\_  
Sprinkler Contractor's Company Name Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information - Commercial**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access**

NC Department of Transportation Driveway Access/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, 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.

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

11-7-09  
\_\_\_\_\_  
Date