* 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 # 09-500-2349 Z
Harnett County Central Permitting

Telephor

PO Box 65 Lillington, NC 27548	
ne Number 910-893-7525 www.harnett.org	SCANNED
ion for Building and Trade Permit	12/29/09
	10101
Date:	17/2/4/ DATE

Application for	or Building and Trade P	ermit 12
Owner's Name: Wm Cant Pa	ela In	Date: 12/29/04
Address: PO BOX 42535 FAYETTEVILL	E NC 29200	Min nan amir in
Directions to job site from Lillington:	21 - 10/2	1 outo HIOVEN
- 1st out o Tanil Co	dan laws	last ordo ola
Subdivision: PERSIMMON	11/1/	Lot: _ 5 4
Construction Type: (Please Check)	Building Use: (Please Ci	200k)
Moved house	Residential	Commercial
Renovation Addition Other	Modular	Multi-Family
Total Project Cost: 166 50 @escription of F	Proposed Work:	constack
Heated SF 2 4 96 Faw Space ()	Contractor Information	
Unheated SB 2 Slab ()	Acres Disturbed 4	st \$
WM KENT PIERCE INC	910-424	
Building Contractor's Company Name	Telephone	-1294
PO BOX 42535 FAYETTEVILLE NC 28309	, ,,,,,	29733
Address		License #
Ma Miller		
Signature of Owner/Contractor/Officer(s) of Corp	oration Must sign back of fo	m & workers comp
Description of Work ABU CAUST AUCH	I Permit Information Electrical Cost \$	5180.11
10 role, res (gr. 140 () Underground (agr	Overneard ()	
Permanent Service: Underground (Overhead	ad () Service Size:	20U_Amps
JRN ELECTRIC	910-424-	0264
Electrical Contractor's Company Name	Telephone	
2753 LAKE UPCHURCH DR PARKTON NC 283 Address	71	09132
Audiess		License #
Signature of Officer(s) of Corporation		
	al Permit Information	
Description of Work NBW CANS	tru ctro	
Number of Units Type System Z	sat pung Mechani	cal Cost \$
JONES & JONES HEATING AND AIR	910-424-	
Mechanical Contractor's Company Name	Telephon	e
5217 MARRACCO DRIVE HOPE MILLS NC 2834 Address	18	11614
Address All A	·	License #
Signature of Officer(s) of Corporation		
	Permit Information	
Description of Work	18TAMIT	
Number of Baths 2/2	Plumbing Cost \$_	5850,00
LARRY LEE PLUMBING	<u>910-424-1</u>	
Plumbing Contractor's Company Name	Telephone	
6417 BAROUR LAKE RD FAYETTEVILLE NC 28 Address	306	05274
		License #
Signature of Officer(s) of Corporation		
Insulation Permit Information	Residential (V) Other ()	Not Required ()
CUMBERLAND INSULATION FAYETTEVILLE	NC	910-484-7118
Insulation Contractor's Company Name & Address	,	Telephone

Application # 09-500-23497 Commercial Jobs must fill out this portion Sprinkler System Information Sprinkler Contractor's Company Name Contact & Telephone **Address** License # Signature of Officer(s) of Corporation Fire Alarm System Information Fire Alarm Contractor's Company Name Contact & Telephone Address License # Signature of Officer(s) of Corporation Driveway Access - NC Department of Transportation Driveway Access/Permit? No 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.\$. 87-14\Regulations as to Issue of Building Permits (Memb available upon request) Dà you own the land on which this building will/be constructed? ves 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? β. Do you intend to directly control & supervise construction activities? ____ yes 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? 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 breates the presumption under law that you fraudulently secured the permit? \$ign & date 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

Application # 09-500-23497

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

The undersign	ed applicant for Building Permit #	being the:
√ 	General Contractor Owner Officer/Agent of the Contractor or Own	er
Do hereby cor the work set fo	nfirm under penalties of perjury that the rth in the permit:	person(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees compensation insurance to cover them	and has/have obtained workers'
	Has/have one (1) or more subcontractor compensation insurance to cover them	ors(s) and has/have obtained workers'
<u>√</u>	_ Has/have one (1) or more subcontracto workers' compensation insurance cove	ors(s) who has/have their own policy of ring themselves.
-	_ Has/have not more than two (2) employ	ees and no subcontractors.
insurance prior	sung the permit may require certifical	ight it is understood that the Central Permitting less of coverage of worker's compensation and the permitted work from any person,
Firm Name:	WM KENT PIERCE INC	
Sign/Title:	Ma 201 -	Plos del
Date:	11/29/09	