

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

Application # 09-50023513
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: 28 Saw Grass Court Phone: 919-730-7802

Directions to job site from Lillington: _____
210 toward Spring Lake. Left on Lasater Rd.
Left on sawgrass court

Subdivision: Walnut Grove Lot: 30

Description of Proposed Work: Single Family #Bedrooms: 3

Heated SF 2553 Unheated SF 888 Finished Rec Room? Y Crawl Space Slab ()

General Contractor Information

Stephenson Builders Inc. 919-730-7802
Building Contractor's Company Name Telephone

1187 N Raleigh St. Angier 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 Service Size: 200 Amps TPole: yes/no

Rox Dean Electrical 919-552-4282
Electrical Contractor's Company Name Telephone

8039 Kennebec Rd. Willow Spring NC 27592 5748
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New

J.C.'s Heating & Air 919-552-3053
Mechanical Contractor's Company Name Telephone

1580 Wade Stephenson Rd Holly Spngs 27540 12655-H3
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 3

WW Plumbing Inc 919-639-0195
Plumbing Contractor's Company Name Telephone

PO Box 1004 Angier NC 27501 14087
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

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

Date

1-19-10

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] Vice President Date: 1-19-10

