

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

Application # 1050023849

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: JOEY DIAZ Date: 3-15-11  
Site Address: LOT 7 1214 MT PISGAH CHURCH RD Phone: 919-499-3616  
Directions to job site from Lillington: TAKE HWY 421 TOWARDS SANFORD  
Approx 11 miles T/L ONTO MT PISGAH CH. RD go approx  
4 miles past McDougal rd - property on right  
Subdivision: McLeod ~~LOT~~ Lot: 7  
Description of Proposed Work: NEW LOG CABIN # of Bedrooms: 3  
Heated SF: 1216 Unheated SF: \_\_\_\_\_ Finished Bonus Room? NO Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

BEDROCK BUILDERS 910-425-1751  
Building Contractor's Company Name Telephone  
3004 CRICKET RD FAY NC 28306 BEDROCKBUILDERS@HOTMAIL.COM  
Address Email Address  
Allen Bates 26637  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work RESIDENTIAL ELECTRIC Service Size: 200 Amps T-Pole:  Yes  No  
B+M ~~EDCO~~ ELECTRICAL SERVICE INC 910-~~910-9100~~  
Electrical Contractor's Company Name Telephone 483-4273  
1726 JON CEE DRIVE FAY NC 28312 JPJMB@AOL.COM  
Address Email Address  
William H. Roberts 6423 UNLIMITED  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical/HVAC Contractor Information**

Description of Work RESIDENTIAL HVAC  
AIR CONTROL 910-980-1209  
Mechanical Contractor's Company Name Telephone  
6623 SHERRILL BAGGET RD, GODWIN NC N/A  
Address 28344 Email Address  
Helmut Clark 21319  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information**

Description of Work RESIDENTIAL PLUMBING # Baths 2  
DAVID WEST PLUMBING 910-818-7168  
Plumbing Contractor's Company Name Telephone  
967 PEPPERWOOD DR FAY NC 28311 N/A  
Address Email Address  
David West 16514 P1  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

CUMBERLAND INSULATION 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
4205 CLINTON RD FAY NC 28312

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

### 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 Hamett 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 Hamett 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.

Allen Bates  
Signature of Owner/Contractor/Officer(s) of Corporation

15 MAR 11  
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: BEDROCK BUILDERS / ALLEN BATES

Sign w/Title: Allen Bates - OWNER Date: 15 MAR 11



Application # 10-500-23849

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**Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)**

Change of Comp

Owner (s) of Structure: Joey D. Day Phone: 919-499-3617

Owner (s) Mailing Address: 70 Bay Pt Sanford NC 27332

Land Owner Name (s): Joey D. Day Phone: 919-499-3617

Construction or Site Address: 525 Butler Rd

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I \_\_\_\_\_ will provide the \_\_\_\_\_ labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

C & K Electric & Plumbing Co  
Contractor's Company Name  
715 Magnolia St Sanford NC 27330  
Address  
16453L  
License #

776-2040  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 2-8-11

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

Application # 23849

*Change of Cost*

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Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I \_\_\_\_\_ will provide the \_\_\_\_\_ labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Collins Heating Air \_\_\_\_\_ Telephone (919) 258-5664

Contractor's Company Name  
9490 Old 421 Broadway NC 27505 \_\_\_\_\_  
Address Email Address

08276 \_\_\_\_\_  
License #

Structure Owner / Contractor Signature: [Signature] Date: 7-12-11

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

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Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_  
\_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Jason Miller will provide the Plumbing labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23655, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Street & Flush Telephone 919-422-8044  
Contractor's Company Name  
938 Mitchell Rd Lillington NC Email Address  
Address 27546

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

Structure Owner / Contractor Signature: \_\_\_\_\_ Date: 5-31-11

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

*Change from Down beat to Street & Flush*