

Last 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 # 10 500 23 812
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: Shaw Const Co, Inc Date: _____

Address: 1248 Bill Shaw Rd Phone: 910 483 2904

Directions to job site from Lillington: Hwy 210 South 10 miles turn left onto
SR1144 Left onto SR1120 Overhill Road left onto Sierra Trail (right South Dakota

Subdivision: Sierra Village Lot: 51

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

Total Project Cost: 212,000 Description of Proposed Work: New single family home

General Contractor Information

Heated SF Crawl Space () Building Construction Cost \$ 178,040
Unheated SF Slab () Acres Disturbed .41 Stories 2

Shaw Const Co. 910 483 2904
Building Contractor's Company Name Telephone

1248 Bill Shaw Rd 4548
Address License #

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

Electrical Permit Information

Description of Work Wire Dwelling Electrical Cost \$ 5500.00
TS Pole: Yes No () Underground Overhead ()

Permanent Service: Underground Overhead () Service Size: 200 Amps
Allman Electric Corp 485 8617

Electrical Contractor's Company Name Telephone
345 Wilkes Rd, Fay N.C. 6136 U

Address License #
John B. [Signature]

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 2 Type System Split Mechanical Cost \$ 8400.00

Total Systems Inc 910-436-3450
Mechanical Contractor's Company Name Telephone

13341 Hwy 210 S 28846
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Residential Plumbing
Number of Baths 2 Plumbing Cost \$ 7460

Eddie's Plbg Serv INC. 910-630-1550
Plumbing Contractor's Company Name Telephone

302 Palestine Rd Linden N.C. 28356 18177
Address License #

Edmond B. Harris
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

Blown Airs Fayetteville NC. 910 483 8191
Insulation Contractor's Company Name & Address Telephone

**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? Yes 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.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

Sign & 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

Date

**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:

 7 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: _____ Shaw Const Co Inc

Sign/Title: Kenneth Shaw President

Date: 2-25-10