

SCANNED
6/2/10
DATE

Application # 10-500-24216

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

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: Bruce + Jennifer Bates Date: 5/28/10
Site Address: _____ Phone: 919-796-6087
Directions to job site from Lillington: Take 421 towards Dunn, Go 2 miles past Campbel take left on 27 West. Take immediate right on Brickmill Rd. Take left on Cottle Lake Drive. Jobsite will be on your left.
Subdivision: Cottle Stone Estates Lot: 22
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 3175 Unheated SF: 952 Finished Bonus Room? yes Crawl Space: X Slab: _____

General Contractor Information

Innovative Construction Group, LLC 919-404-2835
Building Contractor's Company Name Telephone
214 N. Arendell Ave Zebulon, NC bchampion@lcfhomes.com
Address 27597 Email Address
[Signature] License # 68715
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Diverse Electrical Co. Inc 919 848 4652
Electrical Contractor's Company Name Telephone
8801 Creedmoor Rd, Raleigh NC 27615
Address Email Address
[Signature] License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work Install HVAC system
Casey Services HVAC Inc 919-556-3338
Mechanical Contractor's Company Name Telephone
#4900 Purnell Rd. Wake Forest rannie-caseyhvac@embarqmail.com
Address Email Address
Ronald D. Clark License # 10540-H3
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work Install all Plumbing system # Baths 3
Cutchins Plumbing Inc. 919-366-3000
Plumbing Contractor's Company Name Telephone
PO Box 233 Zebulon, NC 27597 Cutchinsplumbing@yahoo.com
Address Email Address
[Signature] License # 6722
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Tri-City Insulation 919-790-9684
Insulation Contractor's Company Name & Address Telephone
7204 Becky Circle
Raleigh, NC 27615

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

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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.

Bobby Cyp
Signature of Owner/Contractor/Officer(s) of Corporation

5/28/10
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: Innovative Construction Group, LLC

Sign w/Title: Bobby Cyp Member/Manager Date: 5/28/10