

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

Application # 10.50024486

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: Angela P. Lynn Date: 5-17-10
Site Address: Lot B-18 Yonderosa Trail Phone: (919) 353-0276
Directions to job site from Lillington: Hwy 27 N (R) on Johnsonville School Rd (R) onto Yonderosa Rd. (L) into Carolina Seasons Lot is on (L) past Club House
Subdivision: Carolina Seasons Lot: B-18
Description of Proposed Work: Single family Residential Home # of Bedrooms: 3
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

Homeowner
Building Contractor's Company Name _____ Telephone (919) 353-0276

Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information

Description of Work wiring of Home Service Size: 200 Amps T-Pole: Yes _____ No
D2 Electric Inc.
Electrical Contractor's Company Name _____ Telephone 910-309-2637

100 Hidden Creek Lane Lillington NC 27546 tracyhbartlett@windstream.net
Address _____ Email Address _____
Tracy H. Bartlett
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 24311-L

Mechanical/HVAC Contractor Information

Description of Work install HVAC system + duct
Mack's Heating and Air Conditioning Co.
Mechanical Contractor's Company Name _____ Telephone 919-776-1410

1124 Deep River Rd Silerford, NC
Address _____ Email Address _____
Marshall
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 24797

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
Gilbert Plumbing Co.
Plumbing Contractor's Company Name _____ Telephone (910) 214-1274

1638 Timothy Rd. Dunn, NC 28334
Address _____ Email Address _____
Robbie Wilkins
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 10929

Insulation Contractor Information

Tri City Insulation
Insulation Contractor's Company Name & Address _____ Telephone (910) 237-0457

***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 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.

Angela P. Lynn
Signature of Owner/Contractor/Officer(s) of Corporation

May 20, 2010
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:

Sign w/Title:

Angela P. Lynn

Date:

5-21-10