

* 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 # 10-500-24852

SCANNED
8/16/10
DATE

Application for Residential Building and Trades Permit

Owner's Name: Market Place Builders Date: 5-24-10
Site Address: 486 Lockwood Dr Spout Springs NC 27580 Phone: 910 987 2900
Directions to job site from Lillington: Hwy 87 Rt on 24 LF on

Subdivision: Ashford Lot: 31
Description of Proposed Work: New Residential # of Bedrooms: 2.5
Heated SF: 2199 Unheated SF: 2629 Finished Bonus Room? 320 Crawl Space: Slab:

General Contractor Information

Market Place Builders LLC 910 987 2900
Building Contractor's Company Name Telephone
3102 N Main St Hope Mills NC 28348 Chris.Roberts@Era.com
Address Email Address
[Signature] 68661
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work: New Const. Service Size: 200 Amps T-Pole: Yes No.
Jimmy Hall Heating & Air and Electrical 910 424-8419
Electrical Contractor's Company Name Telephone
P.O. Box 1167 Hope Mills NC 28348
Address Email Address
[Signature] 24752-11
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work: New Const.
Jimmy Hall Heating & Air and Electrical 910 424-8419
Mechanical Contractor's Company Name Telephone
P.O. Box 1167 Hope Mills NC 28348
Address Email Address
[Signature] 14953
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work: New Const. # Baths: 2.5
Dell Hair Plumbing 910 818 4863
Plumbing Contractor's Company Name Telephone
1612 Documentary Dr Fayetteville
Address NC 28306
[Signature] owner
Signature of Owner/Contractor/Officer(s) of Corporation Email Address
License # 24204 P1

Insulation Contractor Information

Insulating Inc. P.O. Box 274 Sanford 919 776 4138
Insulation Contractor's Company Name & Address Telephone
NC 27331

AUG 16 ENTD

*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.

[Signature] member Manager 5-24-10
Signature of Owner/Contractor/Officer(s) of Corporation 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: [Signature] Market Place Builders

Sign w/Title: [Signature] member Manager Date: 5-24-10