

Each 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 # 10-500-24923

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: Stephenson Builders Inc. Date: 9-13-10  
Address: 40 Winged Foot Drive Bunnell NC Phone: 639-2862  
Directions to job site from Lillington: 210 toward Spring Lake 8 miles.  
Left on Cassader Rd. Left on winged foot.  
Subdivision: Walnut Grove Lot: 12

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

Total Project Cost: 200,000 Description of Proposed Work: New Single Family

**General Contractor Information**

Heated SF  Crawl Space ( ) Building Construction Cost \$ 200,000  
Unheated SF  Slab ( ) Acres Disturbed .2 Stories 1 1/2

Stephenson Builders Inc 639-2862  
Building Contractor's Company Name Telephone  
1187 N Raleigh St. Angier NC 27501 53604  
Address License #

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work New Electrical Cost \$ 5000  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps

Rex Dean Electric 919-552-6258  
Electrical Contractor's Company Name Telephone  
8039 Kennebec Rd. Willow Springs 27592 5748  
Address License #

Rex Dean  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Number of Units 2 Type System Electric Mechanical Cost \$ 5000

JC's HVAC 919-552-6258  
Mechanical Contractor's Company Name Telephone  
1580 Wade Stephenson Rd. Holly Springs 27540 12655 H-3  
Address License #

Jimmy Carroll  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New  
Number of Baths 3 Plumbing Cost \$ 5000

WW Plumbing Inc. 919-639-0195  
Plumbing Contractor's Company Name Telephone  
Box 1004 Angier 27501 14087  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

Insulate Inc. (Raleigh) 919-772-9000  
47 919-772-9000

**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

9-13-10

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # 10 500 24923 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/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: Stephenson Builders Inc  
Sign/Title: [Signature] Vice President  
Date: 9-13-10

