| Application # | |
|---------------|--|
| Annication # | |
| ADDREADON # | |
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| Homoowney Andrew | |
|---|--|
| Please answer the following questions then see a Permit Technician to determine if you Questionnaire per G.S. 87-14 Regulations as to Issue of Building I | qualify for permit under Owners Exemption. Permits (Memo available upon request |
| 1. Do you own the land on which this building will be constructed? | yes no |
| Have you hired or intend to hire an individual to superintend and project? | manage construction of the |
| 3. Do you intend to directly control & supervise construction activiti | es? vos |
| 4. Do you intend to schedule, contract, or directly pay for all phases done? | s of construction work to be |
| | yes no |
| 5. Do you intend to personally occupy the building for at least 12 co- completion of construction and do you understand that if you do not presumption under law that you fraudulently secured the permit? | onsecutive months following do so, it creates the |
| | yes no |
| I hereby certify that I have the authority to make necessary application, the and that the construction will conform to the regulations in the Building Mechanical codes, and the Harnett County Zoning Ordinance. I state the contractors is correct as known to me and if any changes occur including number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central and all changes. Signature of Owner/Contractor/Officer(s) of Corporation | g, Electrical, Plumbing and le information on the above listed contractors, site plan, nit changes or proposed use al Permitting Department of |
| Signature of Owner/Contractor/Officer(s) of Corporation Date | 18-10 |
| | |
| Affidavit for Worker's Compensation N.C. The undersigned applicant being the: | .G.S. 87-14 |
| X General ContractorOwnerOfficer/Agent of the | ne Contractor or Owner |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) or coset forth in the permit: | orporation(s) performing the work |
| X Has three (3) or more employees and has obtained workers' compen | sation insurance to cover them. |
| Has one (1) or more subcontractors(s) and has obtained workers' cor | mpensation insurance to cover |
| \underline{X} Has one (1) or more subcontractors(s) who has their own policy of wo overing themselves. | orkers' compensation insurance |
| Has no more than two (2) employees and no subcontractors. | |
| While working on the project for which this permit is sought it is understood to be partment issuing the permit may require certificates of coverage of workers is suance of the permit and at any time during the permitted work from any arrying out the work. | hat the Central Permitting 's compensation insurance prior person, firm or corporation |
| ompany or Name: Bradley Fuilt, Inc. | i |
| | |
| ign w/Title: President Da | te: 8-12-10 |

* 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 2495

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

| | Building and Trades Permit |
|--|------------------------------------|
| Owner's Name: Dradley Suit Inc. | Date: 8-18-10 |
| Site Address: 65 Horam | A. Phone: 919 · 639 · 4013 |
| Directions to job site from Lillington: | |
| US 401. Right onto Hwy 2 | 1, held ento Doc's Rd. |
| Kight onto Micro Tower Ro | 1. SD on Right |
| Subdivision: Patton's Point | Lot:Lot |
| Description of Proposed Work: Kesidenti | |
| Heated SF 120 Unheated SF 6 Finished General Contra | Rec Room? NO Crawl Space (Slab () |
| B <u>radley Built, Inc.</u> | 919-639-2073 |
| Building Contractor's Company Name | Telephone |
| 466 Stancil Rd, Angier NC 275 | 54519 |
| Address | License # |
| Signature of Owner/Contractor/Officer(s) of Corporatio | Must sign & fill out second page |
| Flectrical Per | mit Information |
| Description of Work New Residential Service | |
| Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name | 919-639-2073 |
| 466 Stancil Rd., Anglar, NC 2750 | Telephone |
| Address / | 1 3075-L License # |
| Dan hold | Ficelize # |
| Agnafure of Officer(s) of Corporation | |
| | rmit Information |
| Description of Work Residential | |
| JC's Heating & Air Mechanica Contractor's Company Name | 919-552-6258 |
| / | Telephone 1y Springs, NC 12655-H3 |
| Address | License # |
| Johns On | License # |
| Signature of Officer(s) of Corporation | |
| | nit Information |
| Description of WorkResidential | |
| Plumbing Contractor's Company Name | 919-639-0935 |
| PO Box 1207, Angier, NC 27501 | Telephone P17735 |
| Address | License # |
| dry tome | License # |
| Signature of Officer(s) of Corporation | |
| Insulation Pern Insulating, Inc.,1212 Home Ct., R | |
| Insulation Contractor's Company Name & Address | |
| Address | Telephone |
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