

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

Application # 25083

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: S-Mark Properties, LLC Date: 8/20/2010
Site Address: Lot 68 Tingen Place Phone: 919 669 6327
Directions to job site from Lillington: Hwy 27 W Left on Tingen Rd
Subdivision Approx 2 miles on left. Left into subdivision,
right on Sandy Tingen. Lot 68 on right before cul-de-sac.
Subdivision: Tingen Place Lot: 68
Description of Proposed Work: single family dwelling # of Bedrooms: 3
Heated SF: 1656 Unheated SF: 568 Finished Bonus Room? yes Crawl Space: Slab: X

General Contractor Information

S. & D Homebuilders LLC 919 669 6327
Building Contractor's Company Name Telephone
365 Cottle Lake Dr Coats NC 27521
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
59549
License #

Electrical Contractor Information

Description of Work Service Size: Amps T-Pole: Yes No
Wester & Pace Electric, Inc
Electrical Contractor's Company Name
546 Leslie Rd, Sanford, NC 27332
Telephone

Address
William D. Wester
Signature of Owner/Contractor/Officer(s) of Corporation
12007-4
Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work
Jackson's Heating & A/C, Inc (910) 891-5410
Mechanical Contractor's Company Name Telephone
PO Box 82, Benson, NC 27504
Address
F. David Jackson
Signature of Owner/Contractor/Officer(s) of Corporation
23670
Email Address

License #

Plumbing Contractor Information

Description of Work # Baths
LR Glover Plumbing, Inc (919) 820-0026
Plumbing Contractor's Company Name Telephone
PO Box 764 Benson, NC 27504
Address
L.R. Glover
Signature of Owner/Contractor/Officer(s) of Corporation
07958
Email Address

License #

Insulation Contractor Information

Tri-City Insulation, Fayetteville, NC (910) 486-8855
Insulation Contractor's Company Name & Address Telephone

*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 of Owner/Contractor/Officer(s) of Corporation

8/20/2010
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: S-Mark Properties, LLC

Sign w/Title:  (member) Date: 8-20-2010

