

Application # 10500 25530

* Each section below to be filled out by whom ever 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 for Residential Building and Trades Permit

Owner's Name: William Bryant Date: 10-28-10

Site Address: Wilburn Rd Fuquay Varina Phone: 919-669-5321

Directions to job site from Lillington: 401 N 3 miles North from Harnett Co Court house / turn left onto Wilburn Rd / 3/4 mile on left

Subdivision: N/A Lot: _____

Description of Proposed Work: personal home # of Bedrooms: 3
Heated SF: 1595 Unheated SF: 585 Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

Self
Building Contractor's Company Name

641 Wilburn Rd Fuquay Varina NC
Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

919 557 4367
Telephone

sbryant77@earthlink.net
Email Address

Owner
License #

Electrical Contractor Information

Description of Work electric wiring Service Size: 200 Amps T-Pole: Yes ___ No

Wes Matthews Residential Services
Electrical Contractor's Company Name

5691 Rawls Church Rd Fuquay Varina NC
Address

Wes Matthews
Signature of Owner/Contractor/Officer(s) of Corporation

Telephone
567 1596

Email Address
21204

License #

Mechanical/HVAC Contractor Information

Description of Work heating & air system
ORS Services
Mechanical Contractor's Company Name

6709 Maggiewood Ln Fuquay Varina NC
Address

Joe Odium
Signature of Owner/Contractor/Officer(s) of Corporation

~~552 0407~~
Telephone

868 7277
Email Address

16569
License #

Plumbing Contractor Information

Description of Work plumbing # Baths 2

WW Plumbing
Plumbing Contractor's Company Name

738 Chalybeate Spring Rd Angier NC
Address

Rich Wells
Signature of Owner/Contractor/Officer(s) of Corporation

639 0195
Telephone

Email Address
14087

License #

Insulation Contractor Information

Insulation Inc. 5902 Fayetteville Rd Raleigh NC
Insulation Contractor's Company Name & Address

910 395 6363
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.

W E Bryant
Signature of Owner/Contractor/Officer(s) of Corporation

10-25-10
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: William Bryant

Sign w/Title: W E Bryant Owner Date: 10-25-10