

09/09/11

Application #

10500 25584

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Joey Phillips Date 2-27-13
Site Address _____ Phone 910-494-3231
Directions to job site from Lillington hwy 210 towards Spring Lake, T/R at Ray Rd. T/L at Overhills Rd. Approx 1 mile on right

Subdivision Taylor Lot 4
Description of Proposed Work new single family residential # of Bedrooms 3
Heated SF 1508 Unheated SF _____ Finished Bonus Room? No Crawl Space x Slab _____

General Contractor Information

Bedrock Builders
Building Contractor's Company Name
3004 Cricket Rd. Fayetteville, NC 28306
Address
26637
License #

910-425-1751
Telephone
abates@bedrockbuilders.biz
Email Address

Electrical Contractor Information

Description of Work NEW construction Service Size 400 Amps T-Pole Yes No
THOMPSON ELECTRIC CO INC
Electrical Contractor's Company Name
3811 EAST SHEPARD ST FAY NC
Address
4074 UL
License #

910-484-9500
Telephone
NA
Email Address

Mechanical/HVAC Contractor Information

Description of Work new residential HVAC system
Total Systems _____
Mechanical Contractor's Company Name
13341 NC 210 Spring Lake, NC 28390
Address
28846 H3
License #

910-436-3450
Telephone
Service@hvacsystemsnc.com
Email Address

Plumbing Contractor Information

Description of Work NEW RESIDENTIAL # Baths 2.5
EVANS AND SON PLUMBING
Plumbing Contractor's Company Name
PO Box 416 Hope Mills NC 28348
Address
P1 18621
License #

910-476-6638
Telephone
EVANSandsonplumbing211@yahoo.com
Email Address

Insulation Contractor Information

Cumberland Insulation
Insulation Contractor's Company Name & Address
4205 Clinton Rd Fay NC 28312

910-484-7118
Telephone

*NOTE General Contractor must fill out and sign the second page of this application

Application # _____
Date _____

Hammett County Central Permitting
PO Box 62, Lexington, KY 40508
610 592 2222 Fax 610 593 2222 www.hammettky.com

Application for Residential Building and Trades Permit

Contractor's Name _____
Site Address _____
Description of Work _____

Subcontractor _____
Description of Proposed Work _____
Finished Bonus Room? _____
Crawl Space _____
Slab _____

General Contractor Information

Building Contractor's Company Name _____
Address _____
Telephone _____
Email Address _____

Electrical Contractor Information

License # _____
Description of Work _____
Electrical Contractor's Company Name _____
Address _____
Telephone _____
Email Address _____

Mechanical/HVAC Contractor Information

License # _____
Description of Work _____
Mechanical Contractor's Company Name _____
Address _____
Telephone _____
Email Address _____

Plumbing Contractor Information

License # _____
Description of Work _____
Plumbing Contractor's Company Name _____
Address _____
Telephone _____
Email Address _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____
Telephone _____

NOTE: General Contractor must fill out and sign the second page of this application

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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

Allen Bates
Signature of Owner/Contractor/Officer(s) of Corporation

2-27-13
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 Allen Bates DBA Bedrock Builders

Sign w/Title Allen Bates Owner Date 2-27-13

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 Hammett County Zoning Ordinance. I state the information on the above contractor is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and I am changing the including listed contractor site plan number of bedrooms building and room plans. Environmental Health permit changes or proposed use changes. I hereby it is my responsibility to notify the Hammett County Central Permitting Department of any and all other gas

EXPIRED PERMIT FEES - 6 Months to 1 year permit re-issue fee is \$150.00 After 1 year re-issue fee is as per current fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation _____
Date _____

Attidavit 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 penalty 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 subcontractor(s) and has obtained workers' compensation insurance to cover them _____

Has one (1) or more subcontractor(s) who has their own policy of workers' compensation insurance covering themselves _____

Has no more than two (2) employees and no subcontractors _____

Write 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 _____
Date _____
Sign with _____