

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 Stephenson Builders Inc Date 11-15-11  
Site Address 41 Derby Lane Lillington NC 27546 Phone 919-730-7802  
Directions to job site from Lillington \_\_\_\_\_  
210 toward Angier. Left on Bruce Johnson Rd. Left on Sodale Lane. Left on Derby Lane. Lot 33.  
Subdivision Johnson Farms Lot 33  
Description of Proposed Work New Single Family # of Bedrooms 3  
Heated SF 2178 Unheated SF 651 Finished Bonus Room? Y Crawl Space  Slab

**General Contractor Information**

Stephenson Builders Inc. 919-730-7802  
Building Contractor's Company Name Telephone  
1187 N Raleigh St. Angier NC 27501 \_\_\_\_\_  
Address Email Address  
53604 \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Service Size 200Amps T-Pole  Yes  No  
Rex Deane Electrical 919-552-4282  
Electrical Contractor's Company Name Telephone  
8039 Kennebec Rd Willow Spring NC \_\_\_\_\_  
Address 27592 Email Address  
05748 \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work JC's HVAC New  
↓  
Mechanical Contractor's Company Name 919-552-6258 Telephone  
1539 Wade Stephenson Rd. Holly Springs NC \_\_\_\_\_  
Address 27540 Email Address  
12655 \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New # Baths 2 1/2  
Camden Plumbing 919-669-4650  
Plumbing Contractor's Company Name Telephone  
7229 Oak Village Way Fuquay Varre 27526 \_\_\_\_\_  
Address Email Address  
18903 \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulathy Inc. 919-722-9000  
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

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

11-~~15~~<sup>22</sup>-11  
\_\_\_\_\_  
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

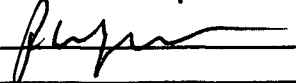
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

\_\_\_\_\_ 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 Stephenson Builders Inc

Sign w/Title  V.P. Date 11 ~~15~~<sup>22</sup>-11