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

Application # <u>1050535</u>684

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: J&S Development C	ю	Date: 11/26/10
51t5 / 1441 555.	s Rd. Sanford, NC 27332	Phone: 910 987 0692
Directions to job site from Lillington:	Hwy 24/27 to Buffalo Lakes Rd. ta	ake left; take right onto Roberts Rd; lot on the
O. L. W		13
Subdivision: Louisville Hills New Construction		Lot: 13
Description of Proposed Work: New		# of Bedrooms: 3
Heated SF: 2435 Unheated SF: 8		
L & S. Dovolonment Co	General Contractor Inform	910 987 0692
J & S Development Co. Building Contractor's Company Nan	na	Telephone
1172 Vic Keith Rd. Sanford, NC 27332		jandsdevelopment@windstream.net
Address		Email Address
		56822
Signature of Owner/Contractor/Office	Electrical Contractor Inform	License #
Description of Work New Construction	n Service S	Size: <u>200 </u>
Ringled Electrical Contractors		910 237 5690
Electrical Contractor's Company Na		Telephone
P O Box 65074 Fayetteville, NC 28306		
Address A		Email Address 20555-L
Signature of Owner/Contractor/Office	cer(s) of Cornoration	License #
	echanical/HVAC Contractor In	
Description of Work New Construction	n	
James Hayes Heating and AC, Inc.		910 484 7155
Mechanical Contractor's Company I	Name	Telephone
620 Fair St. Fayetteville, NC 28306		
Address		Email Address
30-11-		20051 H3-C1
Signature of Owner/Contractor/Office	cer(s) of Corporation Plumbing Contractor Inform	License # <u>nation</u>
Description of Work New Construction	n	# Baths ^{2.5}
Chris Holloway Plumbing Co.		910 624 2670
Plumbing Contractor's Company Na	ime	Telephone
737 Old NC 20 St. Pauls, NC 28384		
Address . Lt on		Email Address
CAMO Mollow	<u>~</u>	28541
Signature of Owner/Contractor/Office	Insulation Contractor Inform	License # <u>mation</u>
Insulating Inc. P O Box 2741 Sanford,	NC 27330	919 776 4138
Insulation Contractor's Company Na	ame & 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)			
Questionnaire per 3.3. 07-14 Regulations as to issue or building Fermits (Me	ano avaliable upon request)		
1. Do you own the land on which this building will be constructed?	✓ YesNo		
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?	? <u>√</u> Yes No		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	f YesNo		
5. Do you intend to personally occupy the building for at least 12 consmonths following completion of construction and do you understand the you do not do so, it creates the presumption under law that you fraudu secured the permit?	at if		
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 <u>any</u> 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.			
11/26/10			
11/26/10	6.S. 87-14		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G The undersigned applicant being the:	Contractor or Owner		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation	Contractor or Owner poration(s) performing the work		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corset forth in the permit:	Contractor or Owner poration(s) performing the work ation insurance to cover them.		
Affidavit for Worker's Compensation N.C.G The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or cor set forth in the permit: Has three (3) or more employees and has obtained workers' compensation N.C.G	Contractor or Owner poration(s) performing the work ation insurance to cover them. pensation insurance to cover		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corset forth in the permit: Has three (3) or more employees and has obtained workers' compensation of the compen	Contractor or Owner poration(s) performing the work ation insurance to cover them. pensation insurance to cover		
Affidavit for Worker's Compensation N.C.G The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensed has one (1) or more subcontractors(s) and has obtained workers' compensed has one (1) or more subcontractors(s) who has their own policy of work 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 the Department issuing the permit may require certificates of coverage of worker' to issuance of the permit and at any time during the permitted work from any carrying out the work.	Contractor or Owner poration(s) performing the work ation insurance to cover them. pensation insurance to cover rkers' compensation insurance		
Affidavit for Worker's Compensation N.C.G The undersigned applicant being the: General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensed them. Has one (1) or more subcontractors(s) and has obtained workers' compensed them. Has one (1) or more subcontractors(s) who has their own policy of workers to working on the project for which this permit is sought it is understood the Department issuing the permit may require certificates of coverage of worker' to issuance of the permit and at any time during the permitted work from any	Contractor or Owner poration(s) performing the work ation insurance to cover them. pensation insurance to cover rkers' compensation insurance		