\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 11-500-25989

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

SCANNED 2 2 11 DATE

## **Application for Residential Building and Trades Permit**

| Owner's Name: Southeastion Properties  | Date: <u>1 /a 2 /a の</u> ) |
|--|----------------------------|
| Site Address: TBD FAIRFAX PA, SAUFURD, NC  | Phone: 919-777-2826        |
| Directions to job site from Lillington: 11 27 To BAR.                                    | <del></del>                |
| _  | I MILE ON LEFT             |
|  |                            |
| Subdivision: PITTMAN CROSSING  | Lot: 32                    |
| Description of Proposed Work: STUCE FAMOUR REST  |                            |
| Heated SF: 1991 Unheated SF: 405 Finished Bonus Room? General Contractor Information     | Slab: V                    |
| Southers Properties  |                            |
| Building Contractor's Company Name   | 919-777- 2826<br>Telephone |
| 2505 DALRYMPIE ST. SANFORD, NC 27332   | Tallet Caraca To The man   |
| Address 1  | Email Address Contractor   |
| WHA .  | 65299                      |
| Signature of Owner/Contractor/Officer(s) of Corporation                                  | License #                  |
| Electrical Contractor Information  | <u>on</u>                  |
| Description of Work Savage Famale Service Size:  |                            |
| 日本の Electrical Contractor's Company Name   | 919-770-0143<br>Tolophone  |
| • •  | Telephone                  |
| 736 John Rossen Ro., Saufono, NC. Address  | Email Address              |
| Thoda Milling  | 18798-U                    |
| Signature of Owner/Contractor/Officer(s) of Corporation                                  | License #                  |
| Mechanical/HVAC Contractor Information   |                            |
| Description of Work STALE FAMOUT RESIDENCE   |                            |
| CAROLINA HVAC  | 910-585-2425               |
| Mechanical Contractor's Company Name   | Telephone                  |
| 510 DAMES H. RUMP, SALED, LC   |                            |
| Address  | Email Address              |
| Man Dullale  | <u> 23549 – H2-H3</u>      |
| Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information | License #                  |
| · · · · · · · · · · · · · · · · · · ·  | <del>-</del>               |
| Description of Work RELEVARIE PLUMBZ-G   | # Baths3                   |
| Plumbing Contractor's Company Name   | 919-499-7359               |
|  | Telephone                  |
| ABON ZON CONNEY RO. SANFORD, ME 2>330  | Email Address              |
|  | 7/5/                       |
| Signature of Owner/Contractor/Officer(s) of Corporation                                  | License #                  |
| Insulation Contractor Information  |                            |
| INSULATING INC.  | 919-776-4138               |
| 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?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? 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 <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.  |
| Signature of Owner/Contractor/Officer(s) of Corporation  Date  |
|  |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:  |
| 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  |
| The undersigned applicant being the:   |
| The undersigned applicant being the:  General Contractor  Owner  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   |
| 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:   |
| 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   |
| 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  |
| 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. |
| 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                          |