

\* 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 50025998

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: SIGNATURE HOME BUILDERS Date: 2-17-11

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: TAKE HWY 27 TOWARDS WH High School  
TURN LEFT ONTO DICKS RD Subd. Approximately 1 mile ON RIGHT

Subdivision: TRUHERS RIDGE Lot: 3

Description of Proposed Work: NEW HOME # of Bedrooms: 4

Heated SF: 2422 Unheated SF: 1884 Finished Bonus Room? YES Crawl Space: \_\_\_\_\_ Slab: X

**General Contractor Information**

SIGNATURE HOME BUILDERS  
Building Contractor's Company Name

919 892-9299  
Telephone

801 W. Cumberland ST DUNN N.C.  
Address

KEVIN@SIGNATUREHOMEBUILDERS.COM  
Email Address

Kevin Douglas  
Signature of Owner/Contractor/Officer(s) of Corporation

49431  
License #

**Electrical Contractor Information**

Description of Work NEW HOME Service Size: \_\_\_\_\_ Amps T-Pole: X Yes \_\_\_\_\_ No

White E Company  
Electrical Contractor's Company Name

910 897-6525  
Telephone

P.O BOX 427, ERWIN 28339  
Address

\_\_\_\_\_  
Email Address

White  
Signature of Owner/Contractor/Officer(s) of Corporation

2290-4  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home  
Skensons Heating & Air

919 329-0688  
Telephone

Mechanical Contractor's Company Name

343 Shipwash Drive GARNER NC 27529  
Address

\_\_\_\_\_  
Email Address

Tony Skensons  
Signature of Owner/Contractor/Officer(s) of Corporation

18644  
License #

**Plumbing Contractor Information**

Description of Work L.R. Glone Plumbing, Inc # Baths \_\_\_\_\_

Plumbing Contractor's Company Name

919 820-0024  
Telephone

Box Box 764 DENSON NC 27504  
Address

\_\_\_\_\_  
Email Address

L.R. Glone  
Signature of Owner/Contractor/Officer(s) of Corporation

07958  
License #

**Insulation Contractor Information**

TRI CITY  
Insulation Contractor's Company Name & Address

910-237-0457  
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.

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

2-17-11  
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: Signature: Home Builders

Sign w/Title: *[Signature]*, CIM Date: 2-17-11

