

09/09/11

Application #

1150026060

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 SOUTHEASTERN PROPERTIES Date 6/27/2012
Site Address TBD (LOT #31) FAJAFAX DR. Phone 919-777-2826
Directions to job site from Lillington Hwy 27 TO BARBECUE Church Rd.,
RIGHT ON ROSSER PITTMAN, APPROX 1 MILE ON LEFT
Subdivision PITTMAN CROSSING Lot 31
Description of Proposed Work SINGLE FAMILY # of Bedrooms 3
Heated SF 2106 Unheated SF 540 Finished Bonus Room? 307 Crawl Space Slab

General Contractor Information

SOUTHEASTERN PROPERTIES
Building Contractor's Company Name 919-777-2826
2505 PALMYRA ST., SANFORD NC 27330 Telephone JOHN COOPER @
Address 65299 SOUTHEASTERNCOMPANIES.COM
License # Email Address

Electrical Contractor Information

Description of Work SINGLE FAMILY RES. Service Size 200 Amps T-Pole Yes No
BELLUCS ELECTRIC Telephone 919-770-0143
Electrical Contractor's Company Name
736 JOHN ROSSER RD., SANFORD, NC Email Address
Address 18798-4
License #

Mechanical/HVAC Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL
CAROLINA HVAC Telephone 910-585-2425
Mechanical Contractor's Company Name
310 JAMES H. RONO Email Address
Address 23549-142-H3
License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL # Baths 2.5
RELEAF PLUMBING Telephone 919-499-7359
Plumbing Contractor's Company Name
1480 ZION CH. RD., SANFORD, NC 27330 Email Address
Address 7151
License #

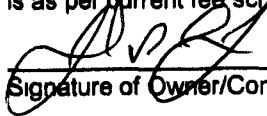
Insulation Contractor Information

INSULATING INC. Telephone 919-770-4138
Insulation Contractor's Company Name & Address

*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

6/27/2012
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

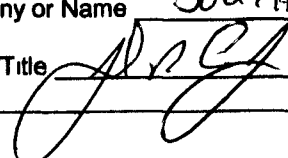
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 SOUTHEASTERN PROPERTIES AND DEVELOPMENT COMPANY

Sign w/Title  PRESIDENT Date 6/27/2012