

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

Application # 11-500-24204

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

SPANNED
3/28/11
DATE

Application for Residential Building and Trades Permit

Owner's Name: SIGNATURE HOME BUILDERS Date: 3-21-11

Site Address: _____ Phone: _____

Directions to job site from Lillington: Hwy 27W TURN RIGHT ON Doc's Road
sub. 1 mile or RIGHT

Subdivision: TROTTER'S RIDGE Lot: 106

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

Heated SF: 2583 Unheated SF: 580 Finished Bonus Room? Crawl Space: _____ Slab:

General Contractor Information

SIGNATURE HOME BUILDERS 919 892-9299
Building Contractor's Company Name Telephone

801 WEST CUMBERLAND ST. DUNN, NC KEVIN'S SIGNATURE HOME BLDG. CORP
Address Email Address

Kevin Daugherty 49431
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work NEW HOME Service Size: _____ Amps T-Pole: Yes No

White & Company 910 897 6525
Electrical Contractor's Company Name Telephone

P.O. Box 427, FARMER NC 28339 _____
Address Email Address

White 2290-4
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work NEW HOME _____
Stevenson's Heating & AIR _____
Mechanical Contractor's Company Name Telephone

343 Shipwash Drive, Garner NC 27529 _____
Address Email Address

Tom Stevenson 18644
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work NEW HOME # Baths 2.5
LR Colover Plumbing, INC 919 820-0026
Plumbing Contractor's Company Name Telephone

P.O. Box 764 BURNING, NC 27504 _____
Address Email Address

LR Colover 07958
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

TRI CITY 910 237-0457
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application.**

MAR 28 2011

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.

Kerry CM *SIGNATURE Home Builders* *3/28/11*
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:

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: *Kerry CM* Date: *3-21-11*

