

*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: Banah Homes Inc. Date: 3-14-11

Site Address: _____ Phone: 910-813-0194

Directions to job site from Lillington: 4015 R on McNeil Hobbs, L on W. R. Lucas, Lot is 2 1/2 miles on Left.

Subdivision: _____ Lot: 4

Description of Proposed Work: SFD # of Bedrooms: 3

Heated SF: 1450 Unheated SF: 600 Finished Bonus Room? NA Crawl Space: Slab: _____

General Contractor Information

Banah Homes Inc.
Building Contractor's Company Name

910-813-0194
Telephone

P.O. Box 1487 Coats N.C. 27521
Address

banahhomesinc@aol.com
Email Address

Craig Byrd
Signature of Owner/Contractor/Officer(s) of Corporation

56520
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes ___ No

Mabry's Electrical Sec. Inc.
Electrical Contractor's Company Name

919-639-4837
Telephone

Angier N.C.
Address

Email Address

Jahanne Mabry
Signature of Owner/Contractor/Officer(s) of Corporation

150777L
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Radford Heating & Air
Mechanical Contractor's Company Name

919-427-7463
Telephone

Clayton N.C.
Address

Email Address

Joe Radbans
Signature of Owner/Contractor/Officer(s) of Corporation

22024
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2

Gilbert Plumbing Co.
Plumbing Contractor's Company Name

910-214-1274
Telephone

Dunn N.C.
Address

Email Address

Roddie Gilbert
Signature of Owner/Contractor/Officer(s) of Corporation

10929
License #

Insulation Contractor Information

Tricity
Insulation Contractor's Company Name & Address

910-486-8855
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.

Craig Byrd
Signature of Owner/Contractor/Officer(s) of Corporation

3-14-11
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: Banah Homes Inc.

Sign w/Title: Craig Byrd (President) Date: 3-14-11