

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

A-3

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

Application # 11 500 26271

Application for Residential Building and Trades Permit

Owner's Name Stephenson Builders Inc. Date 3/16/11
Site Address 94 Winged Foot Drive Balmlevel Phone 919-730-7802
Directions to job site from Lillington _____
210 toward Fayetteville. Left on Lassaker Rd Left
into Walnut Grove. Lot is ~~at~~ on left
Subdivision Walnut Grove Lot 11
Description of Proposed Work SG Family New # of Bedrooms 3
Heated SF 2 Unheated SF 2790 Finished Bonus Room? Y Crawl Space Slab NO Deck

General Contractor Information

Stephenson Builders Inc
Building Contractor's Company Name _____ Telephone 919 639 2862
1187 N Raleigh St Anger NC 27201
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ Email Address _____
License # 53604

Electrical Contractor Information

Description of Work New Service Size 200 Amps T Pole Yes No
Rev Dean Electrical
Electrical Contractor's Company Name _____ Telephone 919 669 9781
8039 Kemmer Rd W Holly Springs 27542
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ Email Address _____
License # 05748 L

Mechanical/HVAC Contractor Information

Description of Work New
JCS HVAC
Mechanical Contractor's Company Name _____ Telephone 919 364 2657
1539 W of Steg Rd Holly Springs 27540
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ Email Address _____
License # 12655

Plumbing Contractor Information

Description of Work New # Baths 25
Camden Plumbing Inc
Plumbing Contractor's Company Name _____ Telephone 557-1384
Po Box 1359
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ Email Address _____
License # 18903

Insulation Contractor Information

Insulate Inc
Insulation Contractor's Company Name & Address _____ Telephone 772 9000

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 of Owner/Contractor/Officer(s) of Corporation _____

Date 3 16 11

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 Stephenson Builders Inc

Sign w/Title [Signature] Vice President

Date 3-16-11