

09/09/11

Application #

11 500 26460

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 BRIAN SEEFRIED Date 01-24-2012
Site Address _____ Phone 919-605-0545
Directions to job site from Lillington Hwy 421

Subdivision N/A Lot N/A
Description of Proposed Work NEW RESIDENTIAL HOME # of Bedrooms 3
Heated SF 2869 Unheated SF 871 Finished Bonus Room? N/A Crawl Space Slab

General Contractor Information

MARKS CONSTRUCTION COMPANY, LLC (919) 770-1927
Building Contractor's Company Name Telephone
3832 DEEP RIVER RD SANFORD NC 27330 emmarks@yahoo.com
Address Email Address
55528
License #

Electrical Contractor Information

Description of Work RESIDENTIAL WIRING Service Size 200 Amps T-Pole Yes No
BILLINGS ELECTRIC CO., INC. 919-770-0143
Electrical Contractor's Company Name Telephone
736 JOHN ROSSER RD SANFORD, NC 27330 N/A
Address Email Address
18798-U
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC INSTALLATION
SURETEMP MECHANICAL 919-842-7460
Mechanical Contractor's Company Name Telephone
3105 HAL SILER DR SANFORD NC 27332 SURETEMP@WINDSTREAM.NET
Address Email Address
19738
License #

Plumbing Contractor Information

Description of Work PLUMBING # Baths 2 1/2
HARE PLUMBING INC. 919-770-5308
Plumbing Contractor's Company Name Telephone
412 SWARINGEN LANE SANFORD, NC 27330 PLUMBERMAN98@gmail.com
Address Email Address
19443
License #

Insulation Contractor Information

INSULATING INC 1827 JEFFERSON DAVIS HWY 919-776-4138
Insulation Contractor's Company Name & Address Telephone

*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

B. R. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

01/24/12
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 MARKS CONSTRUCTION COMPANY, LLC

Sign w/Title Ernest Marks / OWNER Date 1/16/2012

Plan Box # FS

Date 1-4-12

Job Name Siegfried

App # 1150026460

Valuation 218,435

SQ Feet 3362

Inspections for SFD/SFA

Crawl

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____