

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

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

Application # 11 500 26519

Application for Residential Building and Trades Permit

Owner's Name JOSHUA DAVEY SMITH Date 3/16/11
Site Address Spence mill Rd Phone 919-244-6742
Directions to job site from Lillington Travel north on main ST in Lillington, Turn left onto 401 north travel 8 miles turn left onto spence mill Rd travel approx 1 mile site is on left hand side of road across from 1078 spence mill Rd
Subdivision _____ Lot _____
Description of Proposed Work NEW HOUSE # of Bedrooms 03
Heated SF 2522 Unheated SF 986 Finished Bonus Room? NO Crawl Space X Slab _____
126 **General Contractor Information**

OWNER
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information
Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No
OWNER
Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Mechanical/HVAC Contractor Information

Description of Work _____
Quality Air Service Telephone 919-662-0869
Mechanical Contractor's Company Name _____
5208 SPRING FARM RD RALEIGH NC 27603
Address _____ Email Address _____
Smart-V.P. GAS INC. License # 13369
Signature of Owner/Contractor/Officer(s) of Corporation _____

Plumbing Contractor Information
Description of Work _____ # Baths 2 1/2
OWNER
Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Insulation Contractor Information

31 W INSULATION Telephone 910-341-3242
Insulation Contractor's Company Name & Address 351 HEWDR GAUER NC 27529

*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

 OWNER
Signature of Owner/Contractor/Officer(s) of Corporation

3/16/11
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 _____

Sign w/Title  OWNER Date 3/16/11