

\* 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 # 11-50026864

**Application for Residential Building and Trades Permit**

Owner's Name: Best Built Construction + Design Inc Date: 8/18/11  
Site Address: Lot # 58 Spring Flower Dr. Cameron, NC Phone: 910-308-4538  
Directions to job site from Lillington: To Carolina Seasons, on Ponderosa, right on Fern Dr., right Green Links, left on Spring Flower, lot on left  
Subdivision: Carolina Seasons Lot: 58  
Description of Proposed Work: SPCC # of Bedrooms: 4  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: X

**General Contractor Information**

Best Built Construction + Design Inc 910-308-4538  
Building Contractor's Company Name Telephone  
5671 Elliott Bridge Rd. Linden, NC 28356  
Address Email Address  
57494  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole:  Yes  No  
Kingled Electrical Contractors 910-237-5690  
Electrical Contractor's Company Name Telephone  
P.O. Box 65074 Fayetteville, NC 28348  
Address Email Address  
20555-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Jones & Jones Htg & Air, Inc. 910-424-7702  
Mechanical Contractor's Company Name Telephone  
5217 Morocco Dr. Hope Mills NC 28348  
Address Email Address  
11614 H2E3  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Gilbert PLBs Co Inc 910 214 1274  
Plumbing Contractor's Company Name Telephone  
1638 Timothy Rd Dunn NC 28334 INTERSTATE.NET  
Address Email Address  
10929  
License #

**Insulation Contractor Information**

TriCity Insulation Fayetteville, NC 910-486-8855  
Insulation Contractor's Company Name & Address 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 that **I affirm that I have obtained all listed contractors 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.

Matthew J. Ly  
Signature of Owner/Contractor/Officer(s) of Corporation

8/18/11  
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: Best Built Construction + Design Inc  
Sign w/Title: Matthew Ly / President     Date: 8/18/11

Plan Box # 03

Date 8-22-11

Job Name Best Built

App # 1150020864

Valuation \$229349

SQ Feet 3530

Inspections for SFD/SFA

Crawl \_\_\_\_\_

Slab \_\_\_\_\_

Mono X

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 \_\_\_\_\_