

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 Best Built Construction + Design Inc Date 7/12/11

Site Address Lot #59 Spring Flower Dr Phone _____

Directions to job site from Lillington To Carolina Seasons, right on Ponderosa right on Green Links, left on Spring Flower, lot on left

Subdivision Carolina Seasons Lot 59

Description of Proposed Work spec # of Bedrooms 4

Heated SF 2382 Unheated SF 748 Finished Bonus Room? no Crawl Space _____ Slab X

General Contractor information

Best Built Construction + Design Inc Telephone 910-308-4538

Building Contractor's Company Name _____
5671 Elliott Bridge Rd Lenoir, NC 28384 Email Address lyonbestbu14@aol.com

Address _____
57494

License # _____

Electrical Contractor Information

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

Kingled Electrical Contractors Telephone 910-237-5690

Electrical Contractor's Company Name _____
PO Box 65074 Fayetteville, NC Email Address kingled@nc.rr.com

Address _____
20555-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Jones & Jones Htg & Air, Inc Telephone 910-430-7707

Mechanical Contractor's Company Name _____
5017 Maraca Dr. Hays Mills NC 28346 Email Address _____

Address _____
111-14 H 243

License # _____

Plumbing Contractor Information

Description of work _____ # Baths _____

Robert Plumber Inc Telephone 910-214-1234

Plumbing Contractor's Company Name _____
1638 Timberline Rd Durham NC 27634 Email Address Robert@rcplumber.com

Address _____
10979

License # _____

Insulation Contractor Information

Tri-City Insulators Fayetteville, NC Telephone _____

Insulation Contractor's Company Name & Address _____

*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 permits to obtain these permits and if any changes occur including listed contractor's site plan number, lot, bed room, 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

Mark S
Signature of Owner/Contractor/Officer(s) of Corporation

7/12/11
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 Mark S / President Date 7/12/11

