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

## Application # 11 - 50026867

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

## Application for Residential Building and Trades Permit

0 10 10 10	-1	
Owner's Name Brot Buil Construction + Drs y	DateDate	
Site Address Lot # 61 Spring Flower Dr Cami		
Directions to job site from Lillington. To Carolus Sensons	right or Fran Dr.	
right on Green Links, left on	Spry Flower, lotin	
12ft		
Subdivision. Carolina Stasons	Lot	
	# of Bedrooms 4	
Heated SF <u>2631</u> Unheated SF <u>1530</u> Finished Bonus Room?	Crawl Space Slab _X_~~>	
General Contractor Information		
Best Bult Construction + Drszu In	910-308-4538	
Building Contractor's Company Name	Telephone	
5671 Elliott Brdgz Rd Linder, NC 28350	Email Address	
57494	Citati Audiess	
License #		
Electrical Contractor Information	Amps T-Pole YesNo	
Description of Work  Service Size  Kingled Eluctical Contractors  Electrical Contractor's Company Name	Tolonbara	
O.a. Box 15654 Enther 1/100 Ac.	Kat lala a car	
Address 28349	Email Address	
20555-L		
License #		
Address 28348 Email Address		
	***************************************	
Mechanical Contractor's Company Name	910 - 424 - 7762 Telephone	
_	•	
Address Address		
	Email Address	
11614 Ha #3 License #		
Plumbing Contractor Information		
Description of Work	# Baths	
that PLBS CO INC	910 214 1224	
Plumbing Contractor's Company Name	Telephone INTRAMA. 167	
38 TIMOTRY Rd DUNN MC 24234	Rollherte To	
Address	Email Address	
10929		
License #	_	
Insulation Contractor Informatio	<u>n</u>	
Insulation Contractor's Company Name & Address	Telephone	
The second of th	ייייייייייייייייייייייייייייייייייייייי	

\*NOTE General Contractor must fill out and sign the second page of this application

Homeowners Applying to Build Their Own Hon Please answer the following questions then see a Permit Technician to determine if you qualify for permit Questionnaire per G S 87 14 Regulations as to Issue of Building Permits (Memo available).	unger Owne	rs Exemption on request)
Do you own the land on which this building will be constructed?	_Yes _	No
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 in creates the presumption under law that you fraudulently secured the permit?	e Yes _	Nc
I horeby certify that I have the authority to make necessary application that the application that the application is in the Building Electric Mechanical courses and the Harnett County Zonino Ordinance. I state the information treators is no received as known to me and that I affirm that I have obtained an I is not the chain shade norm to an it and changes county to the internal of the property	cal Flum ation on 1 ed contra  . d J J es J L DD en C Depar	bing and above ctors  L's L a  Joseph L  The rent of
Afficavit for Wc ker's Compensation N C G S 8 The undersigned applicant being the	7_14	***************************************
	autor ur C	i
Do nereby confirm under penalies of perjury that the person(s) infin(s) of corporate set forth in the permit		
Has three (3) or more employees and has obtained workers compensation is	nsurance	io cover Men
Has one (1) or more subcontractors(s) and has obtained workers compensation	tion insura	ance lo cove
Has one (1) or more subcontractors(s) who has their own policy or workers covering themselves	compensa	uon msuranc
Has no more than two (2) employees and no subcontractors		
While working on the project followhich this permit is sought it is understood that the Department issuing the Demitting require certificated of occarage of tick occar and the common during the Demitted work from any person carrying out the work	pensation	insurance pi
Company or Name Best Built Constitute + Desg 2	<u>k</u>	
Sign w/Title Mart & President	Date 7	/me/11