

* 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 # 1150027067

SCANNED
AUG 16 2010
DATE

Application for Residential Building and Trades Permit

Owner's Name: Moss Homebuilders Date: Aug 16, 2010

Site Address: 60 Eric Place Phone: _____

Directions to job site from Lillington: Take McDougald Road 6 miles Towards Sanford and Eric Place is on left

Subdivision: McDougald Place Lot: 4

Description of Proposed Work: SFD # of Bedrooms: 3

Heated SF: 1220 Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Moss Homebuilders Building Contractor's Company Name Telephone 910-890-2111

P.O. Box 577 Lillington NC 27546 Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # 18637

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: _____ Yes _____ No

Pioneer Electric & Maintenance Co., Inc. Electrical Contractor's Company Name Telephone 919-488-7767

80 Naill Thomas Rd, Lillington NC 27546 Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # 21643-U

Mechanical/HVAC Contractor Information

Description of Work _____ Mechanical Contractor's Company Name Telephone 919-894-4248

57 W.C. Beasley Ln. Coats, NC 27521 Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # 9497

Plumbing Contractor Information

Description of Work _____ # Baths _____ Plumbing Contractor's Company Name Telephone 919-639-0195

PO Box 1239 Angier Address Email Address _____

[Signature] Signature of Owner/Contractor/Officer(s) of Corporation License # 14087

Insulation Contractor Information

Tri-City Ins. & Building Products 334 E. Mountain Dr Insulation Contractor's Company Name & Address Telephone 910-486-8855
Fayetteville NC 28304

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

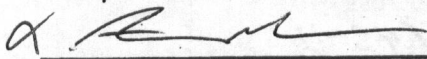
Homeowners Applying to Build Their Own Home

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)

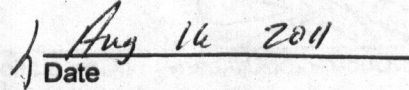
1. Do you own the land on which this building will be constructed? ___ Yes ___ No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ Yes ___ No
3. Do you intend to directly control & supervise construction activities? ___ Yes ___ No
4. Do you 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.



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

 Aug 16 2011
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: Moss Homebuilders

Sign w/Title: 

Date: Aug 16, 2011

Plan Box # I3

Date 8-24-11

Job Name Moss Homebuilders

App # 1150027067

Valuation \$77706

SQ Feet 1196

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 _____