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

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Application #_	
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Westan Construction, LLC		Date: 10-12-2012
Site Address: 15 Douglas Acres Drive, Broadway, NC 2	27505 Phone:	
Directions to job site from Lillington:	1 110110.	
Take HWY 22\27 towards Hwy 87. Turn Left onto Buff	falo Rd. Turn by	food lion on to Micro
Tower Rd. Subdivison is on corner of Micro Tower and	d Docs Rd.	1000 HOTT OF TO WHICH
Subdivision: Tingen Place		Lot: 25
Description of Proposed Work: New Residental Constr	ruction	
	1-0-0	_#Bedrooms:3
Heated SF 1851 Unheated SF 438 Finished Re General Contract	ec Room? NO tor Information	Crawl Space ( ) S
Westan Construction, LLC	919-614-6652	
Building Contractor's Company Name	Telephone	
P.O. Box 1007 Garner, NC 27529		72310
Address		License #
	Must sign & fill ou	it second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permi	it Information	
Description of Work New Residental Electrical Service		_Amps TPole: yes/no
Allman Electric	910-485-8617	
Electrical Contractor's Company Name	Telephone	
345 Wilkes Rd. Fayetteville, NC 28306		06136 EL-U
Addyess 1		License #
Will Ohn		
Signature of Officer(s) of Corporation		
Mechanical Pern	nit Information	
Description of Work New Residental HVAC		
Carolina Comfort Air, Inc.		50-7711
Mechanical Contractor's Company Name	Telepho	
5212 US. Hwy70. Business West Clayton NC , 27520		29077 H3, C1
Address 41/2 I for		License #
(Will) Sing		
Signature of Officer(s) of Corporation Plumbing Permi	it Information	
Description of Work New Residental Plumbing		# Baths_2-1/2
		4-6712
Plumbing Contractor's Company Name	Telepho	one
3442 Mid-Pine Road, Fayetteville, NC 28306		NC 7756-P1
Address		License #
Van //w/		
Signature of Officer(s) of Corporation		
V <u>Insulation Permi</u>	t intormation	San Score - Street, Angles control
Tri-City Insulation, Inc.		910-486-8855
ISHIAHOD CONTRACTOR'S COMPANY NAME & Address		Talanhana

	<i>i</i>

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)
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
Do you intend to directly control & supervise construction activities? yes no
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 <u>any</u> 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.
10-12-2012
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X 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
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X 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
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X 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.  X 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.