

* 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.

Application # _____

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: 31 Douglas Acres Drive, Broadway, NC 27505 Phone: 919-614-6652

Directions to job site from Lillington: _____

Take HWY 22/27 towards Hwy 87. Turn Left onto Buffalo Rd. Turn by food lion on to Micro
Tower Rd. Subdivison is on corner of Micro Tower and Docs Rd.

Subdivision: Tingen Place Lot: 26

Description of Proposed Work: New Residential Construction #Bedrooms: 3

Heated SF 1736 Unheated SF 464 Finished Rec Room? NO Crawl Space () Slab


General Contractor Information

Westan Construction, LLC 919-614-6652

Building Contractor's Company Name Telephone

P.O. Box 1007 Garner, NC 27529 72310

Address License #


Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information


Description of Work New Residential Electrical Service Size: 200 Amps TPole: yes/no

Allman Electric 910-485-8617

Electrical Contractor's Company Name Telephone

345 Wilkes Rd. Fayetteville, NC 28306 06136 EL-U

Address License #


Signature of Officer(s) of Corporation

Mechanical Permit Information

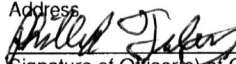
Description of Work New Residential HVAC

Carolina Comfort Air, Inc. 919-550-7711

Mechanical Contractor's Company Name Telephone

5212 US. Hwy70. Business West Clayton NC , 27520 29077 H3, C1

Address License #


Signature of Officer(s) of Corporation

Plumbing Permit Information


Description of Work New Residential Plumbing # Baths 2-1/2

Vance Johnson Plumbing, Inc. 910-424-6712

Plumbing Contractor's Company Name Telephone

3442 Mid-Pine Road, Fayetteville, NC 28306 NC 7756-P1

Address License #


Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City Insulation, Inc. 910-486-8855

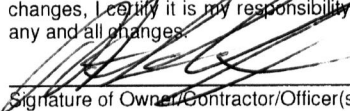
Insulation Contractor's Company Name & Address Telephone

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.


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

10-12-2012
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.

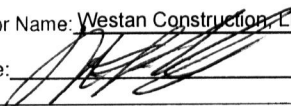
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Westan Construction, LLC

Sign w/Title:  COO Date: 10-12-2012