

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

Application # 11-600-27869

Harnett County Central Permitting  
PO Box 66 Lillington, NC 27548  
910-688-7825 Fax 910-688-6768 [www.harnett.org/permits](http://www.harnett.org/permits)

Sonoma GL

Application for Residential Building and Tenant Permit

Owner's Name: Harnett Developers LLC Date: \_\_\_\_\_

Site Address: Horse Whisperer LN Phone: 919-603-7965

Directions to job site from Lillington: 22W To Doc's Rd.  
Left on Doc's Rd. Subdivision on Right  
3-4 miles

Subdivision: Trotters Ridge Lot: 85

Description of Proposed Work: New Construction # of Bedrooms: 4

Heated SF: 3192 Unheated SF: 984 Finished Bonus Room? Yes Crawl Space: \_\_\_\_\_ Slab:  mono

New Construction, LLC

919-603-7965

Building Contractor's Company Name

Telephone

2550 Capital Dr

harnettdev.com

Address

46295

License #

Description of Work New Construction Basement 2 1/2 Areas T-Pole:  Yes  No

P.A. Jackson 919-720-1251

Electrical Contractor's Company Name Telephone

9261 Raleigh Blvd. Raleigh, NC 27604

Address Email Address

21144

License #

Description of Work New Construction 919-550-7716

Carolina Comfort Air Inc. Telephone

5212 He Hwy 70 Bx W. Clayton, NC carolinacomfortair@yahoo.com

Address Email Address

29077

License #

Description of Work New Construction # Baths 3

Thurston's Plumbing Telephone

3160A Omar Rd. Clayton NC Email Address

Address

22152

License #

Tatum Foundation 919-667-0999

Insulation Contractor's Company Name & Address Telephone

**\*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 ~~for changes to occur I have obtained all subcontractors permission to obtain these permits and if any changes occur I will notify them~~ 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.

*J. Edward Averett*  
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:

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: *Wyer Contracting, Inc.*

Sign w/Title: *J. Edward Averett* Date: \_\_\_\_\_