

License section 100-10-01 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  
Telephone Number 910 893 7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name Shaw A Partnership Date 11-23-11

Address 1248 Bill Shaw Road Spring Lake NC Phone 910 483 2904

Directions to job site from Lillington Hwy 210 South approx 10 miles turn Right  
onto SR 1144 left onto #1120 left onto Sierra Trail Route South Dakota 1st Lot on Left

Subdivision Sierra Village Lot 43

Construction Type (Please Check) Building Use (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost 184,000 Description of Proposed Work New bldg.

**General Contractor Information**

Heated SF 1735 ~~Crawl Space~~ () SLAB Building Construction Cost \$ 163 000 00  
Unheated SF 884 Slab ( Acres Disturbed 0.345 Stones 2

Shaw Const Co Inc 910 483 2904  
Building Contractor's Company Name Telephone

1248 Bill Shaw Rd Spring Lake NC 4548  
Address License #

Kemlth Adlow  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work wire Dwelling Electrical Cost \$ 496000  
TS Pole Yes  No ( Underground  Overhead (  
Permanent Service Underground  Overhead ( Service Size 200 Amps

Allman Electric Corp 485 8617  
Electrical Contractor's Company Name Telephone

345 Wilkes Rd. Fay NC. 6136U  
Address License #

John B. [Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ 8900

Total Systems Inc 910 436-3450  
Mechanical Contractor's Company Name Telephone

13341 Hwy 210 S 28846  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Residential Plumbing  
Number of Baths 2 Plumbing Cost \$ 7140.00

Edda's Plbg Ser INC 910-630-1550  
Plumbing Contractor's Company Name Telephone

302 Palestine Rd Linden N.C. 28336 18177  
Address License #

Edmond B Hane  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other ( Not Required (

Cumberland Ins. Fay NC 484 7118  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

*NA*

\_\_\_\_\_  
 Sprinkler Contractor's Company Name

\_\_\_\_\_  
 Contact & Telephone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 Signature of Officer(s) of Corporation

**Fire Alarm System Information**

*NA*

\_\_\_\_\_  
 Fire Alarm Contractor's Company Name

\_\_\_\_\_  
 Contact & Telephone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 Signature of Officer(s) of Corporation

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**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

\_\_\_\_\_  
 Sign & date

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 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

*Kent...*  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation

*11-8-11*  
 \_\_\_\_\_  
 Date

**Affidavit for Worker's Compensation  
N C G S 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers compensation insurance to cover them

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers compensation insurance to cover them

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers compensation insurance covering themselves

\_\_\_\_\_ Has/have not 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

Firm Name Shaw Const Co Inc

Sign/Title Kenneth A Shaw President

Date 11 8 11