Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits Application # 11 500 28077

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

## **Application for Residential Building and Trades Permit**

	4 1
Owners Name Kenneth Eugene Baker	Date 12/19/11
	27540 Phone 919 348 350 3
Directions to job site from Lillington 401 N ago to Chris	tran Light Roturn left 4.4 mips
turn left onto Cokesbury Rd 4,8 miles	s turn lef onto Wade Stephenson Rd. 5 mile
Head west BJ Cane toward Amelia Lane	4mile apto end of B. Ilane.
Subdivision	Lot N/A deadends Opinsite
Description of Proposed Work Building House	# of Bedrooms
Heated SF 1201 St Unheated SF 680.754 Finished Bonus Room?	Nove Crawl Space Slab _X
KEWWETH SUGENE BAKER	9193483503
Building Contractor's Company Name	Telephone
385 BJ Lane Hally Springs NC 27546 Address	Keharker lahotmail Com Email Address
Denor	
Electrical Contractor Information	tion
	eAmps T-PoleYesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #  Mechanical/HVAC Contractor Info	rmation
Description of Work	
Dosciption of Work	
Mechanical Contractor s Company Name	Telephone
Address	Email Address
Owner	
License # Plumbing Contractor Information	tion
Description of Work	# Baths
Description of Front	
Plumbing Contractor s Company Name	Telephone
Address	Email Address
Ouner	
License # Insulation Contractor Information	tion
Ouner	
Insulation Contractor's Company Name & Address	Telephone

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 by signing below I have obtained all subcontractors permission to obtain these permits 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 12-19-11 Date Signature of Owner/Contractor/Officer(s) of Corporation 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

Sign w/Title Kinnett

Date 12-20-11