Each section below to be filled out by whomever performing work. Must be owner or lisansod contractor. Address, company name & phone must match. AA-13

Application # 12 - 500 28/49

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-693-7825 Fax 910-693-2793 www.hamsit.org/permits

ANTHONY GL

Application for Residential Building and Trades Permit

Owner's Name Hornett Developers LLC	Date 1-11-12
Site Address Horse Whisperer LN	Phone 9/9603-7965
To Dec & Both	d
Left on Doc's Rd Subdivision	ION RIGHT
3-4 musles	
Subdivision TROTTETS RIDGE	Lot 87
Level Constitute Nove Coalstruction	# of Bedrooms 3
Heated SF 2029 Unheated SF. 656 Finished Bonus Room? YE	S Crewl Space Slab.
#75:0.Micheller	
Was Continto INC	219 603-7965
Building Contractor's Company Name	Telephone Edustrio mynesus Rock Com
2550 CAPETOL Dr.	Email Address
Address 46295	
Liannon di	•
Description of Work New Contractor Service Sizes	Pap Amps T-Pole YesNo
Description of Work	919 730-1251
Electrical Contractor's Company Name	Telephone
9 261 Patrick Pool Bengon NC 2264	
Address	Email Address
21144	1
License # Machanical/HVAC Contractor Inform	ation
Description of Work Acad Constraint Con	
Carolina Confort AIT INC	919 550- 77/6
Machanies Contractor's Company Name	Telephone
5212 US HOUS 70 BUS W CLEYTON, AIC	Carolina Comfortarr Qyahoo Com
Address	Ellisti vernass
29077	ì
License # Plumbing Contractor Information	n ,
Description of Work New Construction	# Baths 3
Trorton's Plumbing	
Plumining Contractor's Company Name	Telephone
3/60-A OMAT Rd Clayton NC	Email Address
Address	Entarchia Policia
22152	}
License # Insulation Contractor Information	M N/0 / 1'1- 0000
TATUM INSULATION	919 661-0999
Insulation Contractor's Company Name & Address	Telephorie

'NOTE. General Contractor must fill out and sign the second page of this application.

1012

Homeowners Applying to Build Their Own Home Please answer the tollowing questions then as 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?YesNo	
2 Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo	
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 de 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 by significations below I have obtained all subconfractors permission to obtain these permits and if any changes docur including listed confractors, 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 pohedule.	
Signature of Owner/Contractor/Officer(s) of Corpolation Date	
Affidevit 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 subcentractors(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 listing the permit may require confilicates 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 Wy Construction, else: Sign w/Title Date /-//-/2	