\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 12.50028151

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Dover GL

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

	Owner's Name: Harnett Developers LLC		Date:
	Site Address: Horse Whisperer LN		Phone: 919603-7965
	Directions to job site from Lillington: 22 W To Docs Re	₹.	
200	Left ON Poc's Rd. SubdIVISION	ON	RIGHT
1011	3-4 miles		
120.	Subdivision: TROTTETS RIDGE		Lot: 93
1:10	Description of Proposed Work: New CONSTRUCTION		# of Bedrooms: 4
0 \	Heated SF: 2953 Unheated SF: 876 Finished Bonus Room? Ye	S Cre	wl Space: Slab:
	General Contractor information	-	603-7965
	Building Contractor's Company Name	Telepho	Annual Control of the
			do wincoustration
	Address	Email A	ddress
	46295		
	License #  Electrical Contractor Information		./
	Description of Work New Construction Service Size: 2		
	R.A. Jackson	7/9 Telepho	730-1251
	9261 Raleich Road Benson, NC 27584	reiepno	CIE .
	Address	Email A	ddress
	21144		
	License # Mechanical/HVAC Contractor Informat	tion	
	Description of Work New Construction	ations.	
	Carolina Confort AIT INC.	919	550-7716
	Mechanical Contractor's Company Name	Telepho	
			Nacomfortair Qyahoo. Com
	Addition	Email A	doress
	Plumbing Contractor Information		
		# Baths	.3
	Thorton's Plumbing	Telepho	
	Plumbing Contractor's Company Name	releprio	nie
	3160-A OMER Ed Clayton NC	Email A	ddress
	22152		
	License # Insulation Contractor Information		
	Tatum Insulation	919	661-0999
		Telepho	

\*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Owr Picaso answer the following quastlens then see a Pamili Technician to determine if you qualify to Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Me	r pelmit under Owners Exemption. mo available upon request)
Do you own the land on which this building will be constructed?	Yes No
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?	YesNo
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 construction and do you understand the you do not do so, it creates the presumption under law that you fraudul	at if . ently
secured the permit?	Yes No
I hereby certify that I have the authority to make necessary application, that and that the construction will conform to the regulations in the Building. Mechanical codes, and the Harnett County Zoning Ordinance. I state the incontractors is correct as known to me and that by standard below they exhaust	Electrical, Plumbing and internation on the above ined all subcontractors and delitractors, site plan, changes or proposed use Permitting Department of
Signature of Okmar/Contractor/Officer(s) of Corporation Date	
	.8. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation  Date  Affidavit for Worker's Compensation N.C.G.	•
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:	Contractor or Owner
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or con	Contractor or Owner poration(s) performing the work
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:	Contractor or Owner peration(s) performing the work sition insurance to cover them.
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:  Has three (3) or more employees and has obtained workers' compensation of the contractors of the co	Contractor or Owner poration(s) performing the work sition insurance to cover them.
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:  Has three (3) or more employees and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers.	Contractor or Owner poration(s) performing the work sition insurance to cover them.
Affidavit for Worker's Compensation N.C.G  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:  Has three (3) or more employees and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has no more than two (2) employees and no subcontractors.  While working on the project for which this permit is sought it is understood the Department issuing the permit may require cartificates of coverage of workers to issuance of the permit and at any time during the permitted work from any starrying out the work.	Contractor or Owner poration(s) performing the work sition insurance to cover them. pensation insurance to cover kers' compensation insurance at the Central Permitting s compensation insurance prior
Affidavit for Worker's Compensation N.C.Q  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the  Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:  Has three (3) or more employees and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) who has their own policy of work 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 the Department issuing the permit may require certificates of covering of workers to issuance of the permit and at any time during the permitted work from any second contractors.	Contractor or Owner poration(s) performing the work sition insurance to cover them. pensation insurance to cover kers' compensation insurance at the Central Permitting s compensation insurance prior