

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

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

Application # 1250028209

**Application for Residential Building and Trades Permit**

Owner's Name: BRC Homes Inc Date: \_\_\_\_\_

Site Address: Lot 27 Quail Glen Phone: \_\_\_\_\_

Directions to job site from Lillington: 210 North. Left on Harnett Central Rd. Lt English

Subdivision: ~~Quail Glen~~ Quail Glen Lot: 27

Description of Proposed Work: New Construction (house) # of Bedrooms: 4

Heated SF: 2439 Unheated SF: \_\_\_\_\_ Finished Bonus Room?  Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

BRC Homes Inc  
Building Contractor's Company Name  
7101 Hawk Hill ct Wake Forest NC  
Address 27587  
71436  
License #

919 422 0355  
Telephone  
Bulmaro1@embarqmail.com  
Email Address

**Electrical Contractor Information**

Description of Work New Construction Service Size: 200 Amps T-Pole:  Yes \_\_\_ No

Cooks Electric of NC Inc.  
Electrical Contractor's Company Name

427 1279  
Telephone

P.O Box 999 Fuquay-Varina NC 27526  
Address  
18967-L  
License #

\_\_\_\_\_  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work New Construction

Cusey Services  
Mechanical Contractor's Company Name  
4900 Purnell Rd Wake Forest NC  
Address  
10540 H3  
License #

919 556-3338  
Telephone

\_\_\_\_\_  
Email Address

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 2 1/2

WW Plumbing  
Plumbing Contractor's Company Name

919 427-5728  
Telephone

Angier NC  
Address  
14087  
License #

\_\_\_\_\_  
Email Address

**Insulation Contractor Information**

Smith Insulation Louisburg NC  
Insulation Contractor's Company Name & Address

919 496 3512  
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 **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.

Bubarron Rodriguez  
Signature of Owner/Contractor/Officer(s) of Corporation

1-19-12  
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: BRC Homes Inc

Sign w/Title: Bubarron Rodriguez      Date: 1-19-12

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#### Certification of Work Performed By Owner/Contractor (Individual Trade Application)

*Change of contractor*

Owner (s) of Structure: BRC Homes. Phone: 919 422 0355

Owner (s) Mailing Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_

\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: Quail Glen Lot #: 27

~~Pedro~~ Pedro Balbuena.

I ~~Pedro~~ Pedro Balbuena will provide the Electric labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21572, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Pedro Electric  
Contractor's Company Name

919 868 5249  
Telephone

P.O Box 61307  
Address

\_\_\_\_\_  
Email Address

21572  
License #

Structure Owner / Contractor Signature: Bulmaro Rodriguez Date: 2-7-12

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

**\*Company name, address, & phone must match information on license**