

12-50028234

Application # ~~12-50028234~~

* 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 for Residential Building and Trades Permit

Owner's Name: Hugh Surles Builders Date: 2/1/12
Site Address: 112 SAW GRASS CT. Bunnlevel NC 28323 Phone: 919 422 7065
Directions to job site from Lillington: 10 miles S. on NC 210 rt. on Lasater rd. Walnut Grove 3.5 miles on Left.

Subdivision: Walnut Grove Lot: 24
Description of Proposed Work: _____ # of Bedrooms: 3
Heated SF: 2425 Unheated SF: 743 Finished Bonus Room? Yes Crawl Space: Slab: _____

General Contractor Information

Hugh Surles Builders 919 422 7065
Building Contractor's Company Name Telephone
126 Brandon Dr. Lillington NC 27546 Hugh Surles @ AOL.COM
Address Email Address
62559
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes ___ No
Rex Dean Electric 919 552 4281
Electrical Contractor's Company Name Telephone
8039 Kennebec Rd. Willow Springs
Address Email Address
5748
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Wing Electric 639 2297
Mechanical Contractor's Company Name Telephone
PO Box 398 Angier NC 27501
Address Email Address
404469
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
Carbon Plumbing 919 557 1584
Plumbing Contractor's Company Name Telephone
PO Box 1359 Fuquay Varina
Address Email Address
18903
License #

Insulation Contractor Information

Tatom Insulation 519 Old Dry Store Garner NC 919 661 0999
Insulation Contractor's Company Name & Address Telephone
27529

*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 **I affirm that I have obtained all listed contractors 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.

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

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:

High Surlos Builders

Sign w/Title:

[Signature]

Date:

2/1/12

A-6 Walnut Grove # 24

Plan Box # A-6

Date 2-2-12

Job Name Hugh Scales

App # 12500 28234

Valuation \$190886

SQ Feet 2938

Inspections for SFD/SFA

X
Crawl

Slab

Mono

Footing	Footing	Plumbing Under-Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500

>2500

>2500

Foundation Survey No

Envir. Health New Septic

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

