

09/09/11

Application # 1250028244

Harnett County Central Permitting
PO Box 65 Lillington NC 27548
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Owner's Name McKEE HOMES LLC Date _____
Site Address _____ Phone 910-322-2016
Directions to job site from Lillington LEFT ON W OLD ST
LEFT ON NC 27 W
LEFT ON DOC'S RD
Subdivision LEFT ON EXECUTIVE WAY Lot 2
Description of Proposed Work SINGLE FAMILY RESIDENTIAL # of Bedrooms 4
Heated SF 3356 Unheated SF 1006 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

GML DEVELOPMENT INC 910-322-2016
Building Contractor's Company Name Telephone
120 NANDINA CT FAYETTEVILLE, NC 28311 GEOFF@MCKEEHOMESNC.COM
Address Email Address
63970
License #

Electrical Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL Service Size 200 Amps T-Pole Yes _____ No
SANDY RIDGE ELECTRIC 910-323-2458
Electrical Contractor's Company Name Telephone
454 WHITEHEAD RD. FAYETTEVILLE, NC 28312 KEITH@SANDYRIDGEELECTRIC.COM
Address Email Address
160064
License #

Mechanical/HVAC Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL
CERTIFIED HEATING & A/C
Mechanical Contractor's Company Name 910-858-0000 Telephone
P.O. BOX 1071 HOPE MILLS, NC 28348 CERTIFIEDHEATAIR@EMBARQ Email Address
Address MAIL.COM
20012 H3-1
License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY RESIDENTIAL # Baths 35
DELL HAIRE PLUMBING 910-818-4863
Plumbing Contractor's Company Name Telephone
7612 DOCUMENTARY DR FAYETTEVILLE, NC DELLHAIREPLUMBING@HOTMAIL.COM Email Address
Address 28306
24204 PL
License #

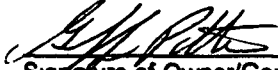
Insulation Contractor Information

CUMBERLAND INSULATION 910-484-7118
Insulation Contractor's Company Name & Address Telephone

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

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



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 GML DEVELOPMENT INC

Sign w/Title

Glenn Potts Project Manager Date _____