

* 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

*Cancelled
3/8/12*

Owner's Name: Moss Homebuilders Date: March 8 2012

Site Address: _____ Phone: 910-890-0328

Directions to job site from Lillington: Take 421 N to Raven Rock Rd, Go 1.5 miles turn left on Brown Road, Go 3/4 mile turn right on Carson Ct. Second lot on left

Subdivision: ~~McDonough~~ Place Grande Pines Lot: 8

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: 1409 Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

Moss Homebuilders
Building Contractor's Company Name

910-890-2111
Telephone

P.O. Box 577 Lillington NC 27546
Address

Email Address

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

18637
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Pioneer Electric & Maintenance Co., Inc.
Electrical Contractor's Company Name

919-499-7767
Telephone

80 Nail Thomas Rd, Lillington NC 27546
Address

Email Address

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

21643-U
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Beasley's Heating & A/C, Inc.
Mechanical Contractor's Company Name

919-894-4248
Telephone

59 W.C. Beasley Ln. Coats, NC 27521
Address

Email Address

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

License #

Plumbing Contractor Information

Description of Work _____
W+W PLUMBING Co. IN
Plumbing Contractor's Company Name

Baths _____
919-639-0195
Telephone

PO Box 1239 Angier
Address

Email Address

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

14087
License #

Insulation Contractor Information

Tri-City Ins. & Building Products 384 E. Mountain Dr
Insulation Contractor's Company Name & Address

910-486-8855
Telephone

28306

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

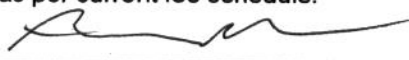
Homeowners Applying to Build Their Own Home

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 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

March 8, 2017
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: Moss Homebuilders

Sign w/Title: 

Date: March 8, 2012

Plan Box # I5

Date 3.8.12

Job Name Moo Homebuilders

App # 17.50028309

Valuation \$122796

SQ Feet 1890

Inspections for SFD/SFA

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 _____

Envir. Health

Other _____

Additions / Other

482

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____