Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 12.5002843

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

Application for Residential Building and Trades Permit Sunflower II

7		
0	Owner's Name: Harnett Land Group	Date: 2-22-12
\ S	ite Address: Juno Drive Boardini	010 1
() Pa	irections to job site from Lillington: Hwy 27 West	Phone: 919-603-7965
11000	Right on June	to Umana Drive
12	Right on Juno D	rive
1.18	ubdivision: Tingen Pointe	
Joil De	escription of Proposed Work: New Construction	Lot:
' V H		
	General Contractor Informatio	No Crawl Space: Slab:
	Um Construction TNC	1
	illeng Contractor's Company Name	2/9 603-7965 Telephone
	SSO CAPITOL Dr.	Education vincenstration
	46295	Email Address
The second secon	ense #	
0-	Scription of Work	
Des	Service Size:	Zoo Amps T-Pole: Voc No
Fie	ectrical Contractor's Company Name	919 730-1251
- (Telephone
Add	dress Deagon NC C 1304	
	<u> 21144 </u>	Email Address
Lice	ense #	
Des	Scription of Work Acu Constructor Inform	ation
-30	Argina Confort AIT INC.	
		919 550- 7716
25.	212 US HWY 70 BUS W. Clay Tool 400	Telephone
	- · · · · · · · · · · · · · · · · · · ·	CATOLINA COMFOR TOUT QUAROS. COM Email Address
	29077 nse #	Email Address
Lice		
Desc	Emption of Work New Coast uc Tow	
71		# Baths
Plum	bing Contractor's Company Name	
	2/60th Owar DJ Clautavara	Telephone
Addre	ess Ciddle MC	Email Add
Licen		Email Address
_7	Tum Insulation Contractor Information	010 111 -000
Insula	tion Contractor's Company Name & Address	919 661-0999
	350 0038 0037 76.75.75.	elephone

	Homeowners Applying to Build Their Own Home lease answer the tollowing questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption duestionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo 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? Yes No		
	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. 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.		
i	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem.		
•	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.		
c	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 parrying out the work. Sompany or Name:		
	ign w/Title: Date: 2-22-12		
	Uate: E CC 1C		