Application #

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 12500 28585

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

orone musi matori	_	
Owner's Name	Heptenson Buildors Fre	Date <u>3</u> .2)-)2
Site Address ?) Brandamore Ct. Fuguary 2-	7514 Phone 919 730 780
Directions to job site fro	om Lillington 401 toward Fugue	Left on
	Chala beate Rd Lef	+ into Dockeriful -
Subdivision Des	ety fold	Lot <u>34</u>
Description of Propose	d Work New Sink Family	# of Bedrooms 3
Heated SF 1535 Ur	nheated SF Finished Bonus Room?	NO Crawl Space Slab
	General Contractor Informat	<u>on</u>
<u>Steptensor</u>	Builders	919-730-7802
Building Contractor's C	ompany Name	Telephone
1187 N B	alenh St. Magner	
Address	5	Email Address
	_	
	Electrical Contractor Informa	tion
Description of Work		e 200 Amps T-Pole Yes No
Yex Dec	Company Name	919 - 669 -9781
Electrical Contractor s		Telephone
<u> willow 2</u>	pmy WC	Email Address
Address	,	Email Address
05748-		
Liceitse #	Mechanical/HVAC Contractor Info	rmation
Description of Work	J.C.S HVAC New	
	4	369-2657
Mechanical Contractor	s Company Name	Telephone
11	anys MC	
Address	71.73	Email Address
12655		
License #	_	
	Plumbing Contractor Informa	
Description of Work	New	# Baths_ <u></u>
Carroler	Plumber	-6669-4650
Plumbing Contractor s	Company Name	Telephone
FULL	in NC	
Address		Email Address
1	8903	
License	Insulation Contractor Informa	tion
·	when T	5009 CCC
Insulation Contractor s	Company Name & Address	Telephone

I hereby certific	that I have the authority to make necessary application, that the application is correct
and that-the c	onstruction will conform to the regulations in the Building Electrical Plumbing and des and the Hamett County Zoning Ordinance I state the information on the above
	orrect as known to me and that by signing below I have obtained all subcontractors obtain these permits and if any changes occur including listed contractors site plan
number of bedi	coms building and trade plans. Environmental Health permit changes or proposed use
changes I cert any and all cha	fy it is my responsibility to notify the Harnett County Central Permitting Department of
	MIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee
is as per gurrer	t fee schedule
Im	3-21-12
Signature of Ov	vner/Contractor/Officer(s) of Corporation Date
	455 doubt 5 - 19/2 doubt 6 - 19/2 do
The undersions	Affidavit for Worker's Compensation N C G S 87-14 ad applicant being the
١	
Gener	al ContractorOwner Officer/Agent of the Contractor or Owner
Do hereby conf set forth in the	irm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the wo
set forth in the	
set forth in the	permit
Has three Has one them	e (3) or more employees and has obtained workers compensation insurance to cover them (1) or more subcontractors(s) and has obtained workers compensation insurance to cove (1) or more subcontractors(s) who has their own policy of workers compensation insurance
Has three Has one them Has one covering thems	e (3) or more employees and has obtained workers compensation insurance to cover them (1) or more subcontractors(s) and has obtained workers compensation insurance to cove (1) or more subcontractors(s) who has their own policy of workers compensation insurance
Has three them Has one them Has one covering thems Has no recovering thems	e (3) or more employees and has obtained workers compensation insurance to cover their (1) or more subcontractors(s) and has obtained workers compensation insurance to cover (1) or more subcontractors(s) who has their own policy of workers compensation insurance elves In ore than two (2) employees and no subcontractors In the project for which this permit is sought it is understood that the Central Permitting
Has one them Has one covering thems Has no r White working of Department iss to issuance of the covering thems.	e (3) or more employees and has obtained workers compensation insurance to cover them (1) or more subcontractors(s) and has obtained workers compensation insurance to cove (1) or more subcontractors(s) who has their own policy of workers compensation insurance elves nore than two (2) employees and no subcontractors in the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of workers compensation insurance p the permit and at any time during the permitted work from any person firm or corporation
Has one them Has one covering thems Has no r White working of Department iss to issuance of t carrying out the	e (3) or more employees and has obtained workers compensation insurance to cover their (1) or more subcontractors(s) and has obtained workers compensation insurance to cover (1) or more subcontractors(s) who has their own policy of workers compensation insurance elves more than two (2) employees and no subcontractors In the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of workers compensation insurance price permit and at any time during the permitted work from any person firm or corporation work
Has one them Has one covering thems Has no r White working of Department iss to issuance of t carrying out the	e (3) or more employees and has obtained workers compensation insurance to cover them (1) or more subcontractors(s) and has obtained workers compensation insurance to cove (1) or more subcontractors(s) who has their own policy of workers compensation insurance elves nore than two (2) employees and no subcontractors in the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of workers compensation insurance p the permit and at any time during the permitted work from any person firm or corporation

Do to la	11 # 34	
pesserge		
1	Date	1-25-12
Plan Box #	Job Nam	ne Stephenson Builders
App # 12500285	85 Valuation 130,658	SQ Feet 2011
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	Roughin	Rough In
Insulation Final	Insulation	Insulation
rilla	Final	Final
>2500	>2500	>2500
Foundation Survey	Envir. Health	Other
••••••	••••••	
Addition of Other		
Additions / Other		
Footing		
Foundation		
Slab		
Mono		
Open Floor		
Rough In		
Insulation		
Final		