

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

Application # 1250028591
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: MARANAH CUSTOM HOMES, INC Date: 1-31-12

Site Address: _____ Phone: _____

Directions to job site from Lillington: 210 NORTH, LEFT ON HARNETT CENTRAL RD,
LEFT ON ENGLISH SETTER

Subdivision: QUAIL GLEN Lot: 11

Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 4

Heated SF: 2605 Unheated SF: 997 Finished Bonus Room? YES Crawl Space: X Slab: _____

General Contractor Information

MARANAH CUSTOM HOMES, INC 919-868-5150
Building Contractor's Company Name Telephone

8129 STILLBREEZE DR FURQUAY-VARINA MARANAHHOMES@AOL.COM
Address Email Address

59752
License #

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size: 200 Amps T-Pole: Yes No

COOKS ELECTRIC OF NC, INC 919-427-1279
Electrical Contractor's Company Name Telephone

P.O. Box 999 FURQUAY-VARINA, NC 27526
Address Email Address

18967-L
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION 919-422-1982
CASEY SERVICES HVAC, INC Telephone

4900 PURNELL RD. WAKE FOREST 27587
Address Email Address

10540 H1, H2, H3
License #

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION # Baths 2.5

WW PLUMBING 919-427-5728
Plumbing Contractor's Company Name Telephone

ANGIER, NC
Address Email Address

14087
License #

Insulation Contractor Information

INSULATING, INC 1212 HOME CT RALEIGH 919-669-5940
Insulation Contractor's Company Name & Address NC Telephone

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

4-12-12
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: MACANAH CUSTOM HOMES, INC

Sign w/Title: *[Signature]* PRESIDENT Date: 4-12-12

Plan Box # F3

Date 4-13-12

Job Name Merranah Custom

App # 1250028591

Valuation [#] 200697

SQ Feet 3089

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

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____