

09/09/11

Application #

1250028823

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
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 Empire Invesmet Date 5-14-12.
Site Address ~~108~~ Phone 919 422 0355
Directions to job site from Lillington 210 N. of Harnett central Rd.
Lf. English Springer Rq Painter Dr.

Subdivision Quail Glen Lot 21
Description of Proposed Work Build House. # of Bedrooms 4
Heated SF 2343 Unheated SF 146 Finished Bonus Room? Crawl Space Slab

General Contractor Information

BRC Homes Inc. Telephone 919 422 0355
Building Contractor's Company Name
7101 Hawk Hill Ct Wake forest NC Email Address Bulmaro1@embarqmail.com
Address 71436 License # 27587

Electrical Contractor Information

Description of Work New house Service Size 200 Amps T-Pole Yes No
Pedro Electric Telephone 919 868 5249
Electrical Contractor's Company Name
Raleigh Email Address _____
Address 21572 License # _____

Mechanical/HVAC Contractor Information

Description of Work _____ Telephone 919 422 1982.
Caspy Services Mechanical Contractor's Company Name
Purnell Rd Wake forest Email Address _____
Address 10540 H3 License # 10540H3

Plumbing Contractor Information

Description of Work _____ # Baths _____
W-W Plumbing Inc. Telephone 639 0195
Plumbing Contractor's Company Name
Angier NC. Email Address _____
Address 14087 License # _____

Insulation Contractor Information

Smith Insulation Telephone 919 496 3512.
Insulation Contractor's Company Name & Address

*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

Bulmaro Rodriguez
Signature of Owner/Contractor/Officer(s) of Corporation

5-14-12
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 _____

Sign w/Title Bulmaro Rodriguez

Date 5-14-12