

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 Dawson's Construction LLC Date 5/15/12
Site Address _____ Phone 919-201-3841
Directions to job site from Lillington Take 401 N toward ~~Eden~~ Fuguey
turn right on Lafayette Rd pass Elementary school
on left job is on immediate left
Subdivision _____ Lot _____
Description of Proposed Work New @ Single Family Dwelling # of Bedrooms 3
Heated SF 1725 Unheated SF _____ Finished Bonus Room? Crawl Space Slab

General Contractor Information

Dawson's Construction LLC 919-201-3841
Building Contractor's Company Name Telephone
2081 Cokesbury Rd Fuguey Varina NC trvsdawson@gmail.com
Address 71782 27526 Email Address
License # _____

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
Dawson's Electric, Inc 919-201-3841
Electrical Contractor's Company Name Telephone
2081 Cokesbury Rd Fuguey Varina NC trvsdawson@gmail.com
Address 25948-L 27526 Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work Res New Construction
~~DRS Services~~ DRS Services 919-868-7277
Mechanical Contractor's Company Name Telephone
6709 Maggie Wood Ln Fuguey Varina _____
Address 16569 NC 27526 Email Address
License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 2
Straight Flush Plumbing 919-422-8044
Plumbing Contractor's Company Name Telephone
978 Mitchell Rd Lillington NC _____
Address 23655 27546 Email Address
License # _____

Insulation Contractor Information

Insulating Inc 1212 Home Court 919-772-9000
Insulation Contractor's Company Name & Address Rebeigh NC Telephone

*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

Tom Dawson
Signature of Owner/Contractor/Officer(s) of Corporation

5/16/2012
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

Dawson's Construction LLC

Sign w/Title

Tom Dawson

Date

5/16/12

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Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

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Building Contractor's Company Name Telephone
2081 Cokesbury Rd Fuquay Varina NC trvsdawson@gmail.com
Address 27526 Email Address

License # _____

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
Dawson's Electric Inc 919-201-3841
Electrical Contractor's Company Name Telephone
2081 Colcesbury Rd Fuquay Varina NC trvsdawson@gmail.com
Address 27526 Email Address
25948-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone _____

Address Email Address _____

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

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

Plan Box # A-9

Date 5-8-12
Job Name Dawson Const

App # 1250028879

Valuation \$141833

SQ Feet 2183

Inspections for SFD/SFA

Crawl X

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 No

Envir. Health New

Other _____



Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____

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00-28839