

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7625 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

entered 5-24-12

Owner's Name Watermark, LLC Date 5/23/12
Site Address 294 CURRAUGH COVE Phone 919-649-6554
Directions to job site from Lillington 401 North to Rawls Club Rd - at
Seater's Nursing Home, TURN LEFT ON CURRAUGH COVE,
lot at end in sub de sac
Subdivision MAGNOLIA CREST Lot _____
Description of Proposed Work New Residential # of Bedrooms 3
Heated SF 2342 Unheated SF -0- Finished Bonus Room? Crawl Space Slab _____

General Contractor Information

SEA 2, LLC 919-649-6554
Building Contractor's Company Name Telephone
3531 Chalybeate Springs Rd williamcuarin@gmail.com
Address Email Address
67685-I FURDAY VARINA, NC 27526
License # _____

Electrical Contractor Information

Description of Work New Residence Service Size 200 Amps T-Pole Yes No
DAWSON Electric, INC 919-201-3841
Electrical Contractor's Company Name Telephone
3754 Cokesbury Rd. FURDAY VARINA, NC 27526 tdawson@gmail.com
Address Email Address
25948-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Residence
HVAC Specialist 919-669-9569
Mechanical Contractor's Company Name Telephone
5843 Cokesbury Rd FURDAY VARINA, NC 27526
Address Email Address
22035
License # _____

Plumbing Contractor Information

Description of Work New Residence # Baths 2.5
Camden Plumbing Corp. 919-669-4650
Plumbing Contractor's Company Name Telephone
P.O. Box 1359 FURDAY VARINA, NC 27526
Address Email Address
18903
License # _____

Insulation Contractor Information

31 W INSULATION, INC 919-662-9980
Insulation Contractor's Company Name & Address Telephone
351 Hein DR. GARNER, N.C. 27529

*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.

SEA 2, LLC Will L. Pin m/m
Signature of Owner/Contractor/Officer(s) of Corporation

5/23/12
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 SEA 2, LLC

Sign w/Title Will L. Pin m/m Date 5/23/12

Plan Box # H8

Date 5.24.12

Job Name WALLMARK

App # 12-50029001 Valuation 181465

SQ Feet 2793

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 _____

