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

Application # 12-500 - 290 80

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit 816 cokesburs Directions to job site from Lillington: 401 Coresby park in 82 Subdivision: Lot: Description of Proposed Work: #Bedrooms: Heated SF 1450 Unheated SF Finished Rec Room? <u>Ues</u> Crawl Space (V Slab ( ) General Contractor Information -639-Building Contractor's Company Name STANICI Z Addres Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work Service Size: Amps TPole yes/no ABA SWO Stephen Electrical Contractor's Company Name Telephone Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work ephenson Heat &AVR Mechanical Contractor's Company Name いるかん Addres Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work # Baths DUVADIN BArnes Plumbing Contractors Company Name Telephone Addr Signature of Officer(s) of Corporation Insulation Permit Information Insulation Contractor's Company Name & Address

D. U.J. Their Own Hamo
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)
Do you own the land on which this building will be constructed? yesno
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 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.
12 Kenda Holdeton V.1. 6.14.12
Signalure of Owner/Contractor/Officer(s) of Corporation  Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X 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:  X 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.  X 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
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  X 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:  X 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.  X 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.

Application #\_\_\_\_\_