* 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 license.

Application #

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: James + Michelle Gregory Date: 7-17-12
Site Address: 1793 Pope Road Phone: 910-890-2793
Directions to job site from Lillington: 1-95 South to Exit 72. TAKE Pope Rand
Southeast for 1-8/10 mile to lot on Right
Subdivision:Lot:
Description of Proposed Work: New SFD #Bedrooms: 3
Heated SF 1494 Unheated SF 827 Finished Rec Room? NO Crawl Space (V Slab () General Contractor Information
Freedow Constructor INC 910 892-1231
Freedow Constructors Two 910 892-1231 Building Contractor's Company Name . Telephone
PO BOX 608 Dunn NC 28335 11590
Address License # Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page
Electrical Permit Information
Description of WorkService Size:Amps TPole: yes/no
G+5 Electric 919 - 552 - 3637 Electrical Contractor's Company Name Telephone
2745 Kipling Rd Fuguay Varing 10259-L
Address License #
Man de Stelletake
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work
T+M Heating 4 Air Inc 910-897-550 1 Mechanical Contractor's Company Name Telephone
724 Thrington ROAD Dung NC 28334 17164
Address License #
Kent ()almoon
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work # Baths 910565 4361
0//
Plumbing Contractor's Company Name Telephone 163K TO MO TRY ROAD DUNN NC 10929
Address License #
Kellelitt
Signature of Officer(s) of Corporation
Insulation Permit Information To: City Insulation + Ruddies Products Fugeter: UE UC 910-486-4855
The property of the property o
Insulation Contractor's Company Name & Address Telephone

	Application #	A
	obs must fill out this portion or System Information	
		_
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation Fire Alar	m System Information	
	7	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	_
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tr	ransportation Driveway Access/Permit? Yes	No
	dividual to superintend and manage conservise construction activities? yes	upon request) no struction of no no
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that years.	do you understand that if you do not do so ou fraudulently secured the permit?	so, it
	yes	no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the remarkable Mechanical codes, and the Harnett County Zonic contractors is correct as known to me and if any building and trade plans, Environmental Health per	egulations in the Building, Electrical, Plumbing ng Ordinance. I state the information on the a changes occur including listed contractors, site in	and bove

Page 2 of 3

Date

my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

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

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 of Owner/Contractor/Officer(s) of Corporation

7-17-12

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 ___

I hereby certify that I have the authority to make necessary application that the application is correct