

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 Crestview Development LLC Date 7/16/12

Site Address Lot 16 Breezeway Drive Phone _____

Directions to job site from Lillington To Carolina Seasons right on Fern Ridge, right on Green Links, left on Spring Flower, right on Breezeway, lot on right

Subdivision Carolina Seasons Lot 16

Description of Proposed Work Spec # of Bedrooms 4

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab Mono

General Contractor Information

Best Built Construction & Design Inc 910-308-4538
Building Contractor's Company Name Telephone

5671 Elliott Bridge Rd. Lenoir, NC 28356
Address

57494
License #

Email Address

Electrical Contractor Information

Description of Work _____ Service Size 200 Amps T-Pole Yes _____ No

Ringled Electrical Contractors 910-237-5690
Electrical Contractor's Company Name Telephone

P.O. Box 65074 Fayetteville, NC 28348
Address

20555-L
License #

Email Address

Mechanical/HVAC Contractor Information

Description of Work _____

Jones + Jones Htg & Air Inc 910-424-7702
Mechanical Contractor's Company Name Telephone

5217 Morocco Dr. Hope Mills NC 28348
Address

11614 H243
License #

Email Address

Plumbing Contractor Information

Description of Work _____ # Baths 3

Gilbert PLBs Co Ltc 910 274 1274
Plumbing Contractor's Company Name Telephone

1638 Timothy Rd Duran NC 28334
Address

10929
License #

Email Address

Insulation Contractor Information

Tri City Insulation Fayetteville NC 910-486-8855
Insulation Contractor's Company Name & Address 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

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

7/14/12
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 Best Built Construction + Design Inc

Sign w/Title Martinez / President Date 7/14/12

1208-228

Carolina Seams # 16

Plan Box # P-7

Date 6-19-12
Job Name Best Built

App # 12500 29100

Valuation 217,915

SQ Feet 3354

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono X

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 Tank Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____