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

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: Cassie H. Lynch	Phone: 9/9-606-469
Site Address:	Phone: 9/9-606-469
Site Address: Directions to job site from Lillington: HwЧ Чa゚ w ८	Ft on mt. Pisgah Chunkel
Lft on Harrington food Job a	on hft
Subdivision:	Lot:B
Description of Description New Construction	# of Redrooms: 3
Heated SF: 765 Unheated SF: Finished Bonus Ro	om? Yar Mn Crawl Space: Slab:
Dustis Blackwell, INC	
Building Contractor's Company Name	Telephone
Address 2755	Email Address
52830	
License #	ormation
Description of Work New Construction Service	e Size: 200 Amps T-Pole: ✓ YesN
Pioneer Electric & Maintenance Co. Inc	919-499-7767
Electrical Contractor's Company Name	Telephone
80 Neill Thomas Road Lillington, NC 27546	
Address	Email Address
21643-U	
License #	to to manage and
Mechanical/HVAC Contracto	or information
Description of Work New Construction	242.224.4222
Carolina Comfort Air	919-934-1060
Mechanical Contractor's Company Name	Telephone
528 West Market Street Smithfield, NC 27577	Email Address
Address	Email Address
29077	
License # Plumbing Contractor In	formation
	# Baths ^{2.5}
Description of Work New Construction	910-279-4742
Jamie Johnson Plumbing	Telephone
Plumbing Contractor's Company Name	, 5.5
82 Greenhouse Court Lillington, NC 27546	Email Address
Address	
21649	
License # Insulation Contractor I	<u>nformation</u>
Masco	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.

Date

Signature of Owner/Contractor/Officer(s) of Corporation 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	
Sign w/Title Date	

Plan Box #	— // Valuation		Owsta Abrilial
Inspections for SFD/SFA Crawl	Slab		Mono
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough in Insulation Final		Plumbing Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final
>2500 Foundation Survey_	>2500 Envir. Health	Wen Tank	>2500 Other
Additions / Other			
Footing Foundation Slab Mono Onen Floor			

Rough In_

Final____

Insulation___

Each section below to be filled out by
nomever performing work. Must be owner
licensed contractor. Address, company
me & phone must match information on
anse.

Application #_ Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit	
Owner's Name: MSP (oust. Dov. LCC Date: 7/11/12	
Address: \$ 575 Harrington 20 Phone: 1910-988-67	lof
Directions to job site from Lillington:	
Subdivision: Lot:	
Construction Type: (Please Check) Building Use: (Please Check)	
New Moved House Residential Commercial	
Renovation Addition Other Modular Multi-Family	
Total Project Cost:Description of Proposed Work: General Contractor Information	
	1
Unheated SF Slab () Acres Disturbed Stories	Mpleasant 1 Oyalioo
MSP Construction + Day, Cle 910-988-6404	MTHESELT
Building Contractor's Company Name Telephone	1 Ch.
Building Contractor's Company Name Telephone P.O. Roy 2007 In yelleville, NC 29302 G9/66 License #	
S. Heasant	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp	No.
Description of Work Fleetrical Permit Information Light Fleetrical Permit Information Electrical Permit Information Electrical Cost \$	
TS Pole: Yes () No () Underground () Overhead ()	
Permanent Service: Underground () Overhead () Service Size:Amps	
Proper Electric : Maintenance Co, Inc. 918-499-7767	
Electrical Contractor's Company Name Lelephone	
80 Ne:1/ Thomas Rd Lillington NC 27546 21643-U License #	
Address Licerise #	
Signature of Officer(s) of Corporation	
Mechanical Permit Information	
Description of Work Number of Units Type System Machagical Cost 3	
hydia (bostort Hiv IIC. (410) 4125 100	
Mechanical Consector's Company Name	•
Sas License #	
Address	
Signature of Officer(s) of Corporation	•
Plumbing Permit Information	
Description of Work / Number of Baths Plumbing Cost \$	
2) 1.	
Plumbing Contractor's Company Name elephone	
1490 Clark Rd Lillingh- N.C. 27545 21649	
Address A / License #	
Jan John	
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential () Other () Not Required ()	
insulation Contractor's Company Name & Address 710-496-8855 Telephone	
Insulation Contractors Company Ivame & Addless	

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 Exemy Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon requ 1. Do you own the land on which this building will be constructed? 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? 3. Do you intend to directly control & supervise construction activities? 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? 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? 1. hereby certify that I have the authority to make necessary application, that the application is corr and that the construction will conform to the regulations in the Building, Electrical, Plumbing a Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the ab contractors is correct as known to me and if amy changes occur including listed contractors, site pl number of bedrooms, building and trade plans, Environmental Health permit changes or proposed to changes, I certify it is mycresponsibility to notify the Harnett County Contractor Permitting Department any and all changes. EXPIRED PERMIT FEES 6 Market 2 years permit re-issue fee is \$150.00. After 2 years re-issu signature of Owner/Contractor/Officer(s) of Corporation 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 set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to con- them.	iption.	nme				
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? 3. Do you intend to directly control & supervise construction activities? 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? 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? 1. Hereby certify that I have the authority to make necessary application, that the application is cornand that the construction will conform to the regulations in the Building, Electrical, Plumbing a Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the abcontractors is correct as known to me and if any changes occur including listed contractors, site plumber of bedrooms, building and trade plans, Environmental Health permit changes or proposed to changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes. EXPIRED PERMIT FEES 6 Makes to 2 years permit re-issue fee is \$150.00. After 2 years re-issue as percurrent fee scriedule. Signature of Owner/Contractor/Officer(s) of Corporation 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 Officer/Agent of the Contractor or Owner Officer/Agent of the Contractor or Owner to the remitting one (1) or more subcontractors(s) and has obtained workers' compensation insurance to contract one of the permit. Has three (3) or more employees and has obtained workers' compensation insurance to contract one of the contractor of the permit.	uest)	mit under Owners Exe	to determine if you quality for	saa a Darmit Technicia		Please ans Question
3. Do you intend to directly control & supervise construction activities? YesNo	ı	Yes N	l be constructed?	h this building w	o you own the land on which	1. Do yo
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? 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? 1. hereby certify that I have the authority to make necessary application, that the application is corrund that the construction will conform to the regulations in the Building, Electrical, Plumbing a Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the abcontractors is correct as known to me and if any changes occur including listed contractors, site plumber of bedrooms, building and trade plans, Environmental Health permit changes or proposed to changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes. EXPIRED PERMIT FEES - 6 to the total county of the County Central Permitting Department any and all changes. EXPIRED PERMIT FEES - 6 to the total county Central Permitting Department any and all changes. Signature of Owner/Contractor/Officer(s) of Corporation 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 set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to countries and the surface of the contractor insurance to countries.	•	YesN	o superintend and	ire an individual ect?	Have you hired or intend to had age construction of the proj	2. Have manage
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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 set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to contract one (1) or more subcontractors(s) and has obtained workers' compensation insurance in the contractors of the Contractor of Owner.	ove lan, use nt of	ormation on the a contractors, site anges or proposed rmitting Departme	ordinance. I state the anges occur including listonmental Health permit Harnett County Central	nform to the regi ett County Zoning me and if <u>any</u> ch I trade plans, Env sibility to notify the	that the construction will construction will construct the Harn structure is correct as known to the structure of hadroness building to	and that Mechan contract number change
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