

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 America Homesmith Date 7/10/12
Site Address 436 Stone Cross Dr Phone 9196008988
Directions to job site from Lillington 210 S. Turn Ron overhills. Turn R into Stone Cross

Subdivision Stonecross Lot 70
Description of Proposed Work New SFD # of Bedrooms 4
Heated SF 2000 Unheated SF 612 Finished Bonus Room? Yes Crawl Space X Slab

General Contractor Information

American Homesmith 9196008988
Building Contractor's Company Name Telephone
Po Box 97365 Raleigh NC 27621
Address Email Address
R 68116
License #

Electrical Contractor Information

Description of Work New SFD Service Size 200 Amps T-Pole X Yes No
Lighthouse Electric 9107410370
Electrical Contractor's Company Name Telephone
Po Box 544 Sneads Ferry NC 28460
Address Email Address
22882-L
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
CCA 919 550 2063
Mechanical Contractor's Company Name Telephone
5212 US Hwy 70 W. Clayton NC 27520
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work ~~Thorntons~~ New SFD # Baths 2 1/2
Thorntons Plumbing 919 550 4833
Plumbing Contractor's Company Name Telephone
3160A Winsin Rd Clayton NC
Address Email Address
22152
License #

Insulation Contractor Information

Tricity Fay NC 910-455-9900
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

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 AP American Homesmith

Sign w/Title Tuff Manager Date 7/10/12