

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 # 1250029402

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

GL

Application for Residential Building and Trades Permit

Owner's Name: Bradley + Amanda Cole Date: 11-9-12
Site Address: Hwy 55 Coats NC Phone: 910-237-2317
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: New SFD #Bedrooms: 3
Heated SF 1494 Unheated SF 1131 Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

Freedou Constructors Inc 910 892-1231
Building Contractor's Company Name Telephone
Po Box 608 Dunn NC 28335 11590
Address License #

Teeth M Tat Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work wire new house Service Size: 200 Amps TPole: yes/no
G+S Electric 919-552-3637
Electrical Contractor's Company Name Telephone
2745 Kipling Rd Fuquay Varina 10259-2
Address License #

Gayle S. Seltzer
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC new house
J+M Heating & Air Inc 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 28334 17164
Address License #

Kent Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumb new house # Baths 3
Gilbert Plumbing Co 910-565-6361
Plumbing Contractor's Company Name Telephone
1638 Timothy Road Dunn NC 10929
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Tot City Insulation + Building Products Fayetteville NC 910-486-4855
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion
Sprinkler System Information**

 Sprinkler Contractor's Company Name Contact & Telephone
 _____ _____
 Address License #
 _____ _____
 Signature of Officer(s) of Corporation

Fire Alarm System Information

 Fire Alarm Contractor's Company Name Contact & Telephone
 _____ _____
 Address License #
 _____ _____
 Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
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? small size 3/4-11 ___ 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

Sign & date

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, 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.

T. E. M. Tart 11-10-12
 Signature of Owner/Contractor/Officer(s) of Corporation Date

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 _____

Sign w/Title

Tythy MTA K / Estimating Purchasing Date 11-10-12

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Owner s Name _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

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

General Contractor Information

Building Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___Yes ___No

Electrical Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

Insulation Contractor s Company Name & Address _____

Telephone _____

***NOTE General Contractor must fill out and sign the second page of this application**