Each s	ection below I	o be filled ou	it by
vhomev	er performing	work. Must	be owner
r licens	ed contractor.	Address, co	ompany
ame &	phone must m	atch informa	ation on
cense			

Application #\_

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

Application for Residential Building and Trades Permit
Owner's Name: IOM Developer Date 5-22-12
Site Address: 44 Hartletyn way Phone: 919-639-2073
Directions to job site from Lillington: Take 210 toward vaniser torn
Left on Harnett Central Then Left on Balland Rd
sub on Right
Subdivision: Hadden pointe, Lot: 34
Description of Proposed Work: New Home #Bedrooms: 3
Heated SF Finished Rec Room? NO Crawl Space ( Slab ( )
Strancic Builders 919-639-2073
Building Contractor's Company Name/ Telephone
466 STANEIL PRES 34533
Address #
Must sign & fill out second page Signature of Omiracter Officer(s) of Corporation
Flectrical Permit Information
Description of Work FLECTURE Service Size: 200 Amps TPole (ye)/no
Electrical Contractor's Company Name  Telephone
60,0 Bricksteel I Ame Gurner 05689-L
Address #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Heat & Air New House
Stephenson Hett Mre mc 919-329-0686  Mechanical Contractor's Company Name Telephone
Mechanical Contractor's Company Name  343 - Shipwash Drive Carren NO 18644
Address Drive Carrey NO 18644 License #
land Milton
Signature of Officer(s) of Corporation  Plumbing Permit Information
Description of Work Phymbig New House #Baths 2
RATINE ( DIUMbro DO 919-629-0925
Plumbing Contractors Company Name Telephone
00 box 1201 Huser WC 17735
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information  Insulation Permit Information  Insulation Contractor's Company Name & Address  Telephone  Telephone
Telephone

Application	#
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A section to the section of the sect
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)
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
Do you intend to directly control & supervise construction activities? 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
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, 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.
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:
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
Has one (1) or more subcontractors(s) 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
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 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