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09/09/11

Michael & Lutie Murphy

Application #

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 D M Murphy & Lutie Murphy Date 8-
Site Address 40 Baptist Grove Rd, N.C. Phone 910-814-3231
Directions to job site from Lillington 401 North to Chalkwater Rd left
left on Baptist Grove Rd call 910-890-6424
Subdivision N/A Lot _____
Description of Proposed Work Residential # of Bedrooms 3
Heated SF 2386 Unheated SF 599 Finished Bonus Room? no Crawl Space yes Slab _____

General Contractor Information

385 Rec. room M. & Lutie Murphy 910-814-3231 call 910-890-6424
Building Contractor's Company Name D M Telephone Lutie DMM * msh.com
40 Baptist Grove Rd Address Email Address
Owner License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No
DAWSON'S ELECTRIC INC. 919-552-0246
Electrical Contractor's Company Name Telephone
2081 Co Kees Bury Rd, Fuquay Varina Address
25948-L 27526 Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work _____
JC'S HEATING + AIR CONDITIONING SERVICE INC. 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wake Stephenson Rd, Holly Springs NC Address
12655 27540 Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
W&W PLUMBING CO. INC 919-639-0195
Plumbing Contractor's Company Name Telephone
PO Box 1239 Angier NC 27501 Address
14087 Email Address
License #

Insulation Contractor Information

INSULATING INC 1827 JEFFERSON DAVIS HWY 919-776-4138
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

DM & Lutie Murphy
 Signature of Owner/Contractor/Officer(s) of Corporation

8-16-2012
 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 Lutie's DM Murphy

Sign w/Title DM Murphy Owner Date 8-16-2012