

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

Application # 12 500 29658

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: Showcase Construction Co. Date: 10.10.12
Site Address: Calumet Drive, Sanford 27332 Phone: 910-864-0247
Directions to job site from Lillington: HWY 27W, Left onto Buffalo Lakes Rd.
Onto Roberts Rd. Go all the way to end of Pavement take
Left on Dint Rd. follow to end make Right onto Calumet Dr.
Subdivision: _____ Lot: 1
Description of Proposed Work: NEW SFD # of Bedrooms: 3
Heated SF: 2418 Unheated SF: 2100 Finished Bonus Room? X Crawl Space: X Slab: -

General Contractor Information

Showcase Construction Co.
Building Contractor's Company Name
5506 Yadkin Road, Fayetteville, NC 28303
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature]

910-864-0247
Telephone
scott@showcasenc.com
Email Address
41883
License #

Electrical Contractor Information

Description of Work New Electrical SFD Service Size: 200 Amps T-Pole: Yes No
Sandy Ridge Electric Inc.
Electrical Contractor's Company Name
454 Whitehead Rd. Fayetteville, NC 28312
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature]

910-323-2458
Telephone
keith@sandyridgeelectric.com
Email Address
10006U
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC SFD
Total Systems Heating & Cooling
Mechanical Contractor's Company Name
13341 Hwy 210 South, Spring Lake, NC 28390
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature]

910-436-3450
Telephone
totalsystems@nc.rr.com
Email Address
28846
License #

Plumbing Contractor Information

Description of Work New Plumbing SFD
Bill Hallock Plumbing, LLC.
Plumbing Contractor's Company Name
1136 Green Street, Parkton, NC 28371
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature]

Baths _____
910-858-4139
Telephone
N/A
Email Address
24037
License #

Insulation Contractor Information

Healthy Home Insulation, 6300 Limousine Dr. Suite 112 Raleigh, NC
Insulation Contractor's Company Name & Address

919-418-0307
Telephone

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

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? 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.

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.

Ram C. Bunch

Signature of Owner/Contractor/Officer(s) of Corporation

10.10.12

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: Showcase Construction Co.

Sign w/Title: *[Signature]*

Date: 10.10.12

Enclosure and Delivery Receipt

This receipt is to be filled out by the recipient of the enclosed material and returned to the sender.

Enclosed material: _____

Received by: _____

Date: _____

Signature of Recipient: _____

Signature of Sender: _____

Date: _____

Signature of Recipient: _____

Signature of Sender: _____

Date: _____

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