

09/09/11

Application #

12500 29662

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

Owners Name Barry & Tonya Caulder Date 11/28/12
Site Address 642 Duke Rd Phone 919-795-9813
Directions to job site from Lillington Bl to Erwin Lstn 55, 2 miles left on Duke Rd.

Subdivision N/A Lot _____
Description of Proposed Work New House # of Bedrooms 3
Heated SF 2821 Unheated SF 088 Finished Bonus Room? — Crawl Space Slab

General Contractor Information
Building Contractor's Company Name A.C. Lee Construction, LLC
Address 915 Juniper Rd, Four Oaks 68321

Telephone 919-795-9813
Email Address ashley@acleecreation, LLC

Electrical Contractor Information
Description of Work New home Service Size 400 Amps T-Pole Yes No
Electrical Contractor's Company Name RA Jackson Electric
Address 9261 Raleigh Rd, Benson 21144-5P-5FD

Telephone 919-894-5361
Email Address RAJacksonElectric@embarqmail.com

Mechanical/HVAC Contractor Information
Description of Work New house
Mechanical Contractor's Company Name Mainstream Mechanical
Address 412 Lazy Branch Dr, Benson 31005

Telephone 919-934-9339
Email Address _____

Plumbing Contractor Information
Description of Work New home # Baths _____
Plumbing Contractor's Company Name Jason Lee Barefoot Plumbing
Address 5476 Timothy Rd, Dunn 20694

Telephone 910-514-0781
Email Address _____

Insulation Contractor Information
Insulation Contractor's Company Name & Address Tatum Insulation

Telephone 919-661-0999

*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

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

11/28/12
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 A. C. Lee Construction, LLC

Sign w/Title *Ashtyn* Manager Date 11/28/12