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

Application #

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

GETTYS burg GR Application for Residential Building and Trades Permit

| Owner's Name: <u>INVESTMENT CHOICES</u> VI | Date: 9-7-/Z |
|--|--|
| Site Address: 19 Des 8 LN | Phone: 9/9603-7965 |
| Directions to job site from Lillington: MAIN ST. HWY | 21011 |
| Left ON Bruce Johnson Left ON Sac | ICle LN. |
| LEFT ON DEVBY LAV. LOTON LEFT | |
| Subdivision: Johnson Forms | Lot:,34 |
| Description of Proposed Work: New Construction | # of Bedrooms: 4 |
| Heated SF: 2772 Unheated SF: 1588 Finished Bonus Room? Y | Crawl Space: V Slab: |
| General Contractor Information | 910 102 7015 |
| Building Contractor's Company Name | 9/9 603-7965 Telephone |
| 2550 Capital Dr. | Edwarde winnesstruction |
| Address | Email Address |
| 46295 | Description of the second of t |
| License # Electrical Contractor Information | |
| Description of Work New Construction Service Size: | Amps T-Pole: YesNo |
| R.A. Jackson | 919 730-1251 |
| Electrical Contractor's Company Name | Telephone |
| 9261 Raleigh Road Benson, NC 27504 | Email Address |
| Address 21144 | Email Address |
| License # | |
| Mechanical/HVAC Contractor Informa | ition |
| Description of Work | 019 550- 0711- |
| Carolina Confort AIT INC. | 919 550- 2716 Telephone |
| Mechanical Contractor's Company Name 5212 U.S. Hwy 70 Bus W. ClayTon, NC | CATOLINA COMEOT TOTT QYAboo CON |
| Address | Email Address |
| 29077 | |
| License # | |
| Description of Work New Coastruction | |
| Thorton's Plumbing | # Baths |
| Plumbing Contractor's Company Name | Telephone |
| 3/60-A OMER Rd Clayton NC | |
| Address | Email Address |
| 22152 | |
| License # Insulation Contractor Information | |
| TaTum INSULATION | 919 661-0999 |
| Insulation Contractor's Company Name & Address | 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 (Mer | no available upon request) |
| Do you own the land on which this building will be constructed? | YesNo |
| 2. Have you hired or intend to hire an individual to superintend and | age of the first o |
| manage construction of the project? | Yes No |
| manage construction of the project: | Yes No |
| 3. Do you intend to directly control & supervise construction activities? | YesNo |
| 4. Do you intend to schedule, contract, or directly pay for all phases of | division of the second |
| construction work to be done? | Yes No |
| | - Interconnections |
| 5. Do you intend to personally occupy the building for at least 12 conse | cutive |
| months following completion of construction and do you understand that | Liffree |
| you do not do so, it creates the presumption under law that you fraudule | ently |
| secured the permit? | Yes No |
| | |
| permission to obtain these permits and if any changes occur including liste number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Polyany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. is as per current fee schedule. | nanges or proposed use ermitting Department of |
| 4 Colleges averet 9-7. | -12 |
| Signature of Owner/Contractor/Officer(s) of Corporation 9-7- | |
| 4 Colleges averet 9-7. | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S | S. 87-14 |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: | S. 87-14 Contractor or Owner |
| Affidavit for Worker's Compensation N.C.G.: The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation or corporation or corporation of the Compensation N.C.G.: | contractor or Owner oration(s) performing the work |
| Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of t | contractor or Owner oration(s) performing the work on insurance to cover them. |
| Affidavit for Worker's Compensation N.C.G.s The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the | contractor or Owner pration(s) performing the work on insurance to cover them. |
| Affidavit for Worker's Compensation N.C.G.s The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the | contractor or Owner pration(s) performing the work on insurance to cover them. |
| Affidavit for Worker's Compensation N.C.G.s The undersigned applicant being the: General Contractor Owner Officer/Agent of the Compensation of the | contractor or Owner pration(s) performing the work on insurance to cover them. ensation insurance to cover them. |
| Affidavit for Worker's Compensation N.C.G.s The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of worker 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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permi | contractor or Owner pration(s) performing the work on insurance to cover them. ensation insurance to cover them. |