

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 \_\_\_\_\_ Date 10-22-12

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington 401 W towards Fugay. Take right on Mill Branch Circle. Left on Robert Branch Circle Lot on corner

Subdivision Mill Branch Lot 14

Description of Proposed Work New Home Construction # of Bedrooms 3

Heated SF 2300 Unheated SF \_\_\_\_\_ Finished Bonus Room? Yes Crawl Space X Slab \_\_\_\_\_

**General Contractor Information**

Billings Construction Inc. 919-795-9464

Building Contractor's Company Name Telephone

P.O. Box 924 Fugay-Varina NC, 27526 Scott@BillingsConstructionInc.com

Address Email Address

54800

License #

**Electrical Contractor Information**

Description of Work Wire New House Service Size \_\_\_\_\_ Amps T-Pole X Yes \_\_\_\_\_ No

Dawson's Electric 919-201-3841

Electrical Contractor's Company Name Telephone

2081 Cokesburg Rd. Fugay-Varina, NC 27526

Address Email Address

025948-L

License #

**Mechanical/HVAC Contractor Information**

Description of Work Design Mechanical / New Heat Pump

Design Mechanical DRS Services 919-868-7277

Mechanical Contractor's Company Name Telephone

6709 Maggiewood Ln. FV 27526

Address Email Address

16569

License #

**Plumbing Contractor Information**

Description of Work Plumb 2 Bath New House # Baths 2

Straight Flush Plumbing 919-422-8044

Plumbing Contractor's Company Name Telephone

978 Mitchell Rd. Lillington NC

Address Email Address

23655

License #

**Insulation Contractor Information**

Insulation Inc. 1212 Harnett. Raleigh, NC 919-772-9000

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

Willie S. Billings  
Signature of Owner/Contractor/Officer(s) of Corporation

10/22/12  
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 Billings Construction, Inc

Sign w/Title Willie S. Billings

Date 10/26/12

Plan Box # B5

Date 10-22-12

Job Name Billings Const.

App # 29923

Valuation 187637

SQ Feet 2888

**Inspections for SFD/SFA**

Crawl

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_