* 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.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Harnett Developers, UC	****	Date: 11-5-12
Site Address: KenTucky Derby LN,		Phone: 9/9 603-7965
Directions to job site from Lillington: HWY 27W To Dec.'s	Rd	
Left ON DOC'S Rd Subdivisted ON K	IBH	7
Subdivision: TeoTTers Redet		Lot: 13 size . 54
Description of Proposed Work: New Construction		# of Bedrooms: 4
leated SF: 3192 Unheated SF: 984 Finished Bonus Room? - 7	<u>_</u> c	awi Space: Slab:
General Contractor Information	910	100 2015
ulleng Contractor's Company Name	Telepho	603-7965
2550 CAPITOL Dr.	-1.3	do winnesstrates
ddress	Email A	ddress ddress
46295		
cense # Electrical Contractor Information		,
escription of Work New Coustrustrey Service Size:	ZOO An	ps T-Pole: YesNo
R.A. Tackson		730-1251
lectrical Contractor's Company Name	Telepho	No.
9261 Raleigh Road Benson, MC 22584	Email A	Mass
21144	Circum Pa	- Quiuss
icense #		
Mechanical/HVAC Contractor Informa	tion	
escription of Work (en) Construction	019	550-7716
Carolina Confort AIT INC.	Telepho	330-7776
5212 Us Hary 70 Bus W. ClayTow, MC	The state of the s	Nacomfortare Quahoo
Cross	No PA COMPANDED DO DO DO POR PORTOR POR SOCI	dress
29077		
cense # Plumbing Contractor Information		
	# Baths	•
Thorton's Plumbing	, walls	
	Telepho	ne .
3160A Onar Rd Clayton NC		
idress	Email Ac	idress
22153		
22152		
22152	and the second s	
22152 cense #		661-0999

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

Please answer the following questions then see a Permit Technician to determine if you qualify for p	Home
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mem	eimit under Owners Exemption.
Do you own the land on which this building will be constructed?	Yes No
	personne management
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?	YesNo
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 consectments following completion of construction and do you understand that you do not do so, it creates the presumption under law that you frauduler secured the permit?	
contractors is correct as known to me and that by signing below I have obtain permission to obtain these permits and if any changes occur including listed number of bedrooms, building and trade plans. Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Peany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. It is as per current fee chedule. Signature of Owner/Contractor/Officer(s) of Corporation Date	contractors, site plan, inges or proposed use mitting Department of After 2 years re-issue fee
Affidavit for Worker's Compensation N.C.G.S	6744
The undersigned applicant being the:	(a/-14
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co	
The undersigned applicant being the:	ntractor or Owner
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor	ntractor or Owner ation(s) performing the work
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit:	intractor or Owner ation(s) performing the work in insurance to cover them.
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth 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	ntractor or Owner ation(s) performing the work in insurance to cover them.
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth 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 workers.	ntractor or Owner ation(s) performing the work in insurance to cover them.
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth 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 workers 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 Department issuing the permit may require certificates of coverage of worker's of to issuance of the permit and at any time during the permitted work from any percarrying out the work.	ntractor or Owner ation(s) performing the work in insurance to cover them. Insation insurance to cover s' compensation insurance the Central Permitting compensation insurance prior
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor of the contractor of the person of the contractor of the person of the contractor of the person of the contractor of the contractor of the contractor of the person of the perso	ntractor or Owner ation(s) performing the work in insurance to cover them. Insation insurance to cover s' compensation insurance the Central Permitting compensation insurance prior