

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 GREG BAGLEY Date _____
Site Address 95 CEDAR ROCK TRAIL Phone 919-609-0300
Directions to job site from Lillington TAKE 401 N to CHRISTIAN LIGHT RD
TURN ON CHRISTIAN LIGHT 90 ± 5 miles to COKEBURY RD
TURN LEFT 90 ± 1 mile to CEDAR ROCK TRAIL Turn left
GO TO CONSTRUCTION TRAILER ON LEFT AND FOLLOW PATH TO SITE.
Subdivision ALAN Lot _____
Description of Proposed Work New Dwelling # of Bedrooms 3
Heated SF 1600 Unheated SF 1000 Finished Bonus Room? X Crawl Space YES Slab NO

General Contractor Information

Self
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work All Wiring Service Size 200 Amps T-Pole Yes No
Electrical Contractor's Company Name RA JACKSON ELECTRIC INC Telephone 919-984-5367
Address 9261 Raleigh Rd BENSON NC 27504 Email Address _____
License # 21144

Mechanical/HVAC Contractor Information

Description of Work FIC's Heating AND AIR FOR HOUSE
3 E Heating AN AIR Telephone 919-552-3053
Mechanical Contractor's Company Name _____
Address 42 Hwy Holly Springs NC Email Address _____
License # TACLB 0001151E

Plumbing Contractor Information

Description of Work Complete Plumbing # Baths 3
Camde Plumbing Telephone 919-557-1584
Plumbing Contractor's Company Name _____
Address 52 Buttonwood Ct Fuquay Varina NC Email Address _____
License # 18903

Insulation Contractor Information

Insulation Contractor's Company Name & Address Nichols Building Insulation Telephone 910-323-1944

*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

Charles Gregory Bagley
Signature of Owner/Contractor/Officer(s) of Corporation

12-4-12
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 C Gregory Bagley

Sign w/Title Gregory Bagley Owner Date 12-12-12

Plan Box # _____

Date 11-28-12

Job Name Bagly

App # 12500 30166

Valuation 109,152

SQ Feet 1680

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 No

Envir. Health Existing

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In ✓

Insulation ✓

Final ✓