

09/09/11

Application #

12-50030334

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 Dawson's Construction Date 11/10/13  
Site Address 15 Curragh Cove Phone (919) 201-3841  
Directions to job site from Lillington take 401 towards Fuquay  
turn @ onto raulis club, take 15 road to left into  
magnolia crest subdivision. It is 1st lot on left  
Subdivision Magnolia Crest Lot # 1  
Description of Proposed Work new construction # of Bedrooms 3  
Heated SF 2259 Unheated SF 743 Finished Bonus Room? yes Crawl Space  Slab

**General Contractor Information**

Dawson's Construction  
Building Contractor's Company Name  
2081 Cokesbury Rd  
Address  
71782  
License #

919-201-3841  
Telephone  
trvsdawson@gmail.com  
Email Address

**Electrical Contractor Information**

Description of Work New Construction Service Size 200 Amps T-Pole  Yes  No  
Dawson's Electric  
Electrical Contractor's Company Name  
2081 Cokesbury Rd  
Address  
25948-L  
License #

919 201-3841  
Telephone  
trvsdawson@gmail.com  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
J.C's Heating and Air  
Mechanical Contractor's Company Name  
1539 Wade Stephenson Rd.  
Address  
12655  
License #

919-369-2657  
Telephone  
Email Address

**Plumbing Contractor Information**

Description of Work New Construction  
Straight Flush Plumbing  
Plumbing Contractor's Company Name  
978 Mitchell Rd Lillington  
Address  
23655  
License #

# Baths 2 1/2  
919-422-8044  
Telephone  
jason@straightflush@gmail.com  
Email Address

**Insulation Contractor Information**

Tatum Insulation 519 Old Drug Store Rd  
Insulation Contractor's Company Name & Address  
Garner

(919) 661-0999  
Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

THE UNIVERSITY OF CHICAGO

PH.D. THESIS

Author: [Faint Name]

Title: [Faint Title]

Department: [Faint Department]

Year: [Faint Year]

Advisor: [Faint Name]

Committee: [Faint Names]

Abstract: [Faint Text]

Keywords: [Faint Words]

Subject: [Faint Subject]

Classification: [Faint Code]

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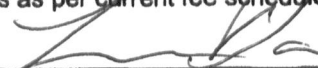
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Comments: [Faint Text]

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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

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

1/10/13  
\_\_\_\_\_  
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

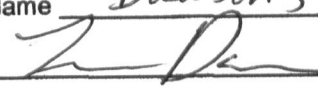
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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 Dawson's Construction  
Sign w/Title  Date 1/10/13

23655

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