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 1/10/13

Site Address 15 Curragh Cove Phone (919) 201-3841

Directions to job site from Lillington take 401 towards Fuquay turn @ onto ravens club. take 1st 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

919-201-3841 — Telephone

2081 Cokesbury Rd — Address

trvsdawson@gmail.com — Email Address

71782 — License #

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole ✓ Yes ___ No

Dawson's Electric — Electrical Contractor s Company Name

919 201-3841 — Telephone

2081 Cokesbury Rd — Address

trvsdawson@gmail.com — Email Address

25948-L — License #

Mechanical/HVAC Contractor Information

Description of Work New Construction

J.C's Heating and Air — Mechanical Contractor s Company Name

919-369-2657 — Telephone

1539 Wade Stephenson Rd. — Address

Email Address

12655 — License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2 1/2

Straight Flush Plumbing — Plumbing Contractor s Company Name

919-422-8044 — Telephone

978 Mitchell Rd Lillington — Address

jason@straightflush@gma — Email Address

23655 — License #

Insulation Contractor Information

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

(919) 661-0999 — 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

Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 1/10/13

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