

09/09/11

Application #

13500 30361

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 Brian & Lauren Walker Date 1-28-13

Site Address _____ Phone _____

Directions to job site from Lillington Hwy 421 to Dunn, Left on Hwy 301, Left onto old Fairground Rd. Leigh Laurel on Right.

Subdivision Leigh Laurel Lot 4

Description of Proposed Work New House # of Bedrooms 3

Heated SF 3389 Unheated SF 1781 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Pope Builders
Building Contractor's Company Name
1305 Wellons Ave Dunn
Address
60584
License #

919 868 2912
Telephone
robertipope@yahoo.com
Email Address

Electrical Contractor Information

Description of Work Electrical Wiring on New Service Size 400 Amps T-Pole Yes No

Electrical Solutions
Electrical Contractor's Company Name
902 Friendly Rd Dunn NC 28339
Address
22659-L
License #

910-892-2452
Telephone
electrical-solutions@live.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Mechanical
BTS Air Conditioning Co. Inc
Mechanical Contractor's Company Name
5446 Elevation Rd. Benson 27504
Address
4256
License #

919 894-5151
Telephone
Email Address

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3 1/2
JC Wilkens Plumbing
Plumbing Contractor's Company Name
840 Massengill Pond Rd Angier
Address
10421
License #

639-0201
Telephone
Email Address

Insulation Contractor Information

Insulating Inc
Insulation Contractor's Company Name & Address

919-772-9000
Telephone

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

Application # 13250 3031

Harris County Office Building
1000 West 12th Street, Suite 1000
Houston, Texas 77002

Application for...
...
...

Application for...
...

Date 1-28-13

John & Susan White

Propose to install...
...
...

Business License Number

Registration of Professional Firm

Project No. 3300

Project Name

Project Address

Project Phone

Project Email

Project Description

Project Contact Name

Project Address

Project Phone

Project Email

Project Description

Project Contact Name

Project Address

Project Phone

Project Email

Project Description

Project Contact Name

Project Address

Project Phone

Project Email

Project Description

Project Contact Name

Project Address

Project Phone

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

Robert Pope

1-28-13

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

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 *Robert Pope* (*Robert Pope*)

Sign w/Title *Robert Pope* owner Date 1-28-13

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 Hammett County Zoning Ordinance. I state the information on the above contractor is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and I am changing or including listed contractors, and plan number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes. I carry the responsibility to notify the Hammett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months is 2 years permit fee, 200.00. After 2 years re-apply fee is as per current schedule.

1-28-13

Signature of Owner/Contractor/Officer(s) of Contractor _____ Date _____

Attendant for Workers Compensation N.C. 8-87-14

The designated applicant being the _____

- General Contractor _____
 - Owner _____
 - Officer/Agent of the Contractor or Owner _____
- I hereby confirm under penalty 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 subcontractor(s) who has obtained workers compensation insurance to cover them _____
- has one (1) or more subcontractor(s) who has not obtained 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 coverage of workers' compensation insurance prior to issuance of the permit and that the permitted work from any person, firm or corporation carrying out the work _____

Company or Name _____
 Date _____
 1-28-13