Application #

1350030594

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 McKEE HOMES LLC.	Date <u>2-28-13</u> Phone <u>9/0-322-20/6</u>
Site Address 239 Executive DR	Phone 9/0-322-2016
Directions to job site from Lillington LEFT ON W. OLD ST.	
LEFT ON NC 27W	
LEFT ON DOC'S RD	
Subdivision LEFT ON EXECUTIVE	WAY Lot 16
Description of Proposed Work SINGLE FAMILY RESIDENTIA	4L # of Bedrooms
Heated SF <u>178 7</u> Unheated SF <u>462</u> Finished Bonus Room? Seneral Contractor Information	Crawl Space Slab
GML DEVELOPMENTING	910-322-2016
2 Idaa Cantagara Company Name	Telephone
120 NANDINA CT. FAVETTEVILLE, NC 28311	GEOFFQ MLKEE HOMESUX.COM
Address	Email Address
63970	
License # Electrical Contractor Information	Dag . That . No. No.
Description of Work SINGLE FAMILY RESIDENTIAL Service Size	200 Amps 1-Pole V res No
SANDY RIDGE ELECTRIC	9/0 - 323-2458 Telephone
Electrical Contractor's Company Name	KEITH@SANDYRIDGEELECTRIC.COM
454 WHITEHEAD RD. FAYETTEVILLE, NC 28312	Email Address
Address	
l scance #	
Mechanical/HVAC Contractor Inform	nation
Description of Work SINGLE FAMILY RESIDENTIAL	0.000-0000
CFOTIFIFO HEATING THIC	910-858-0000
Mechanical Contractor's Company Name	Telephone
P.O. BOX 1071 HOPEMIUS, NC 28348	CERTIFIED WEATAIR DEMBARD MAIL. COM
Address	Email Addition
200/2 H3-1 License #	
Plumbing Contractor Information	<u>on</u> 2
Description of Work SINGLE FAMILY RESIDENTIAL	#Baths_3
OFIL HAIRE PLUMBING	910-818-4863
Plumbing Contractor's Company Name	Telephone
76/2 DOCUMENTARY DR. FAYETTEVILLE, NC Address 28306	DELLHAINE PLUMBING HOTMAIL. Email Address
24204 PL	
Loopee #	
Insulation Contractor Informati	910-404-7118
CUMBERLAND INSULATION	9/0-484-7/18 Telephone
Insulation Contractor's Company Name & Address	ACCURATION OF THE STATE OF THE

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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

IM Patts	2-28-13
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 GML DEVELOPMENT INC
Sign w/Title Saff Pote Potect Manager Date 2-28-13

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