

09/09/11

Application #

1350030598

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 \_\_\_\_\_  
 Site Address 53 Bison Lane Phone 910-322-2016  
 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 143  
 Description of Proposed Work SINGLE FAMILY RESIDENTIAL # of Bedrooms \_\_\_\_\_  
 Heated SF 2684 Unheated SF 459 Finished Bonus Room? yes Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

GML DEVELOPMENT INC 910-322-2016  
 Building Contractor's Company Name Telephone  
120 NAWDINA CT. FAYETTEVILLE, NC 28311 GEOFF@MCKEEHOMESNC.COM  
 Address Email Address  
63970  
 License #

**Electrical Contractor Information**

Description of Work SINGLE FAMILY RESIDENTIAL Service Size 200 Amps T-Pole  Yes \_\_\_\_\_ No  
SANDY RIDGE ELECTRIC 910-323-2458  
 Electrical Contractor's Company Name Telephone  
454 WHITEHEAD RD. FAYETTEVILLE, NC 28312 KEITH@SANDYRIDGEELECTRIC.COM  
 Address Email Address  
160064  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work SINGLE FAMILY RESIDENTIAL  
CERTIFIED HEATING & A/C  
 Mechanical Contractor's Company Name Telephone 910-858-0000  
P.O. BOX 1071 HOPE MILLS, NC 28348 CERTIFIEDHEATAIR@EMBARQ  
 Address Email Address MAIL.COM  
20012 H3-1  
 License #

**Plumbing Contractor Information**

Description of Work SINGLE FAMILY RESIDENTIAL # Baths 3  
DELL HAIRE PLUMBING 910-818-4863  
 Plumbing Contractor's Company Name Telephone  
7612 DOCUMENTARY DR. FAYETTEVILLE, NC DELLHAIREPLUMBING@HOTMAIL.COM  
 Address 28306 Email Address  
24204 PL  
 License #

**Insulation Contractor Information**

CUMBERLAND INSULATION 910-484-7118  
 Insulation Contractor's Company Name & Address 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

*G. P. Potts*  
Signature of Owner/Contractor/Officer(s) of Corporation

2-25-13  
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 GML DEVELOPMENT INC

Sign w/Title *G. P. Potts* Project Manager Date 2-25-13