Application #

13 500 36612

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

	Date 2-20-13
4Site Address 41 Blue Jay Court	Phone
Directions to job site from Lillington Take Hay 27 to Dea	Kd., TurnleH,
-go whout I. & wiles form left. into sundividior	1
Subdivision Oakmont	Lot
Description of Proposed Work New Single Funity Duelling	75 # of Bedrooms
Heated SF 3453 Unheated SF 1139 Finished Bonus Room? NA Crawl Space Slab	
Half Constructors in .	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezerroud Ave., Ste 400 Fugetters He, NX	Marinatimm who homes con
Address 2/303	Email Address
31554-0	
License #  Electrical Contractor Information	
Description of Work Service Size _	<u>.</u> <u>⊇∪∪                                   </u>
Lighthouse Electric, NC	910- 741-0376
Electrical Contractor's Company Name	Telephone
PO Box, 544, Speach Ferry, Nr 28460	lian thouse recurrention
Address	Email Address
Mechanical/HVAC Contractor Information	
Description of Work	
	919-934-1060
Mechanical Contractor's Company Name	7/9-934-7060 Telephone
Mechanical Contractor's Company Name?  5212 US HWY 70 BOSINESS, Clay for INC 27520	Curolina control tai nayancowa
Address	Email Address
29077/1-3-1	
License # Plumbing Contractor Information	<u>n</u> ,
Description of Work	#Baths
Vanie John (no Plumbing (on Inc	910-424-6712
Plumbing Contractor s Company Name	Telephone
Name Johnson Humbing (0) Inc Plumbing Contractor's Company Name 3242 Mid Pinelical Fuyetkuille, NC 28306	UAN 104 NION @ VI Plumbing (0) Email Address
Address	Email Address
07756 P-1	
License # Insulation Contractor Information	
Tricity Insulation, Inc., 418 Person St. Face NC	970-486-8655 Telephone
Insulation Contractor's Company Name & Address	Telephone

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 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