Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

1	
Owners Name _ Dallota Land Partners, UC	Date _02.08.13
Site Address	Phone 919-781-8104
Directions to job site from Lillington 421 towards Sanfo	rd, left on Summerville-Mamers &
(turns into Old 421), TAKE Old 421 Appr	OX 3 miles. LIAMIE BELL Pide
is on the left.	The state of the s
Subdivision MAMIE BELL RIDGE	Lot _ 70
Description of Proposed Work New single-family dwelling	# of Bedrooms
Heated SF 3076 Unheated SF 471 Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Sawy Homes, LLC	919-781-8104
Building Contractor's Company Name	Telephone
8025 Creedmar Rd., Ste. 100, Relieb, NC 27413	<u>QZOTTO @ SAVVY homes. Com</u>
Address	Email Address
47375	
License #	
Description of Work <u>new SFD</u> <u>Electrical Contractor Information</u> Service Size <u>300</u> Amps T-Pole <u>Yes_No</u>	
Ralcish Lenchart Electric Co.	
Electrical Contractor's Company Name	919 - 303 - 6244 Telephone
1120 Burma Dr. Aprx NC 27502	tighe lanchart.com
Address	Email Address
24986 - U	
License #	
Mechanical/HVAC Contractor Information	
Description of Work NEW SFD	
CARolina Comfort AIR	910.29.1061
Mechanical Contractor's Company Name	Telephone
5212 US Hwy Bus 70W, Clayton NC 27520	rebeca@CAROlinA Comfort Air. com
Address	Email Address
29077	
icense #	
Plumbing Contractor Information	
	# Baths5
Northwest Plumbing NC, Inc.	919.278.6739
lumbing Contractor's Company Name	Telephone
5516 Caterpillar Dr. Apex NC 27539	twelcheleNw Pent.com
ddress	Email Address
29752	
cense #	
Insulation Contractor Information	919-554-9004
Il FEO INSUlation 107 Ag Drive, Goungsville NC 27596 sulation Contractors Company Name & Address	Telephone
sulation Contractor's Company Name & Address	I elahunua

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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

Sign w/Title

PERMITTING COORDINATOL Date 0208.13