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

Owners Name Dallota Land Partners, UC	Date <u>02.08-13</u>
Site Address 85 BELLA Howington Dr.	Phone 414-781-8104
Directions to job site from Lillington 421 towards Sanfor	rd, left on Summerville-Mamers R
(turns into Old 421), TAKE Old 421 Appro	X. 3 miles, LAMIE BELL Riche.
is on the left.	,
Subdivision MAMIE BELL RIDGE	LotLot
Description of Proposed Work _ new single-family dwelling	# of Bedrooms4
Heated SF 3131 Unheated SF 592 Finished Bonus Room?	
General Contractor Informati	
Sawy Homes, LLC	919-781-8104
Building Contractor's Company Name	Telephone
Address Rd., Ste. 100, Rolligh, Nr. 20013	Email Address
47375	
License #	
Electrical Contractor Information	<u>on</u>
	Amps T-Pole Yes No
Raleigh. Lanchart Electric Co.	919-303-6246
Electrical Contractor's Company Name	Telephone
Address Dr. April NC 27502	<u>tigh@lanchart.com</u> Email Address
24486 - 0	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work New SFD	
CAROlina Comfort Air	910.29.1001
Mechanical Contractor's Company Name	Telephone
5212 US Hwy Bus 70W, Clayton NC 27520	rebecca@ CAROlinA Confort Air. com
Address	Email Address
29077	
License #	
Plumbing Contractor Information	
Description of Work new SFD	# Baths 21/2
Northwest Pumbing NC, Inc.	919.278.6739
Plumbing Contractor's Company Name	Telephone
5516 Caterpillar Dr. Apex NC 27539	twelchele Nw Pent.com
Address	Émail Address
29752	
icense #	
Insulation Contractor Information	0.0
All PRO INSUlation 102 Ag Drive, Youngsville NC 27596	919-554-9004
nsulation 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 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

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

covering themselves

PERMITTING COORDINATOL Date 02.08.13