

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

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

Owner's Name Dakota Land Partners, LLC Date 02-08-13
Site Address 145 BELLA Howington Dr. Phone 919-781-8104
Directions to job site from Lillington 421 towards Sanford, left on Summerville-Mamers Rd., (turns into Old 421), TAKE Old 421 approx. 3 miles, MAMIE BELL Ridge is on the left.

Subdivision MAMIE BELL RIDGE Lot 104
Description of Proposed Work new single-family dwelling # of Bedrooms 4
Heated SF 3230 Unheated SF 436 Finished Bonus Room? Crawl Space Slab

General Contractor Information

Savvy Homes, LLC 919-781-8104
Building Contractor's Company Name Telephone
8025 Creedmoor Rd., Ste. 100, Raleigh, NC 27613
Address Email Address
67375
License #

Electrical Contractor Information

Description of Work new SFD Service Size 200 Amps T-Pole Yes No
Raleigh Lanchart Electric Co. 919-303-6266
Electrical Contractor's Company Name Telephone
1120 Burma Dr., Apex, NC 27502 tigh@lanchart.com
Address Email Address
24986-U
License #

Mechanical/HVAC Contractor Information

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@carolinacomfortair.com
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work new SFD # Baths 2 1/2
Northwest Plumbing NC, Inc. 919-278-6739
Plumbing Contractor's Company Name Telephone
5516 Caterpillar Dr. Apex NC 27539 twelchel@NWPerf.com
Address Email Address
29752
License #

Insulation Contractor Information

All PRO INSULATION 102 Ag Drive, Youngsville NC 27596 919-554-9004
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

Ruth M. Modine
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 Sunny Homes, LLC

Sign w/Title Gabrielle Zott PERMITTING COORDINATOR Date _____