

09/09/11

Application #

1550036726

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 Signature Home Builders, Inc. Date 8-20-15  
Site Address 547 Mann Road Coats, NC 27521 Phone 910-892-9299  
Directions to job site from Lillington \_\_\_\_\_

Subdivision N/A Lot \_\_\_\_\_  
Description of Proposed Work Single Family # of Bedrooms 3  
Heated SF 1828 Unheated SF 459 Finished Bonus Room? Yes Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Signature Home Builders, Inc 910-892-9299 Stem wall  
Building Contractor's Company Name Telephone  
1209 N Main Street, Lillington, NC larry@signaturehomebuilders.com  
Address Email Address  
49431

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Electrical Service Size 200 Amps T-Pole  Yes  No  
R.A. Jackson Electric 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Road Benson, NC 27504  
Address Email Address  
21144

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Custom Heating & Air 910-892-8827  
Mechanical Contractor's Company Name Telephone  
1001 Denim Drive, Erwin, NC 28339  
Address Email Address  
12195

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
L R Glover Plumbing, Inc 919-820-0026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson, NC 27504  
Address Email Address  
7958

License # \_\_\_\_\_

**Insulation Contractor Information**

Isatum Insulation II, Inc 919-661-0999  
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

WAL  
Signature of Owner/Contractor/Officer(s) of Corporation

8-21-15  
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 Signature Home Builders, INC

Sign w/Title WAL Date 8-20-15