

09/09/11

Application # 37103

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 ZACK & TAMMY LUKART Date 12.21.14

Site Address 359 SUNRIDGE DR. CAMERON NC 28326 Phone _____

Directions to job site from Lillington Highway 27 South to MIRE BRANCH DR. RIGHT TO LAKE EDGE PR. TURN RIGHT IT TURNS INTO SUNRIDGE RD.

Subdivision _____ Lot _____

Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 4

Heated SF 2986 Unheated SF 1097 Finished Bonus Room? N Crawl Space X Slab _____

General Contractor Information

SEDGEWICK HOMES LLC
Building Contractor's Company Name

(910) 333 3326
Telephone

130 THUNDER RD
Address

PROSTAFF.PB@sedgewickhomes.com
Email Address

69216
License #

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole X Yes No

ELECTRIC KNIGHTS INC.
Electrical Contractor's Company Name

910-639-5555
Telephone

PO BOX 5864, PINEHURST, NC 28374
Address

PKI-AMY@NC.PR.COM
Email Address

24043-U
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL HVAC

SANDHILLS HEATING & REFRIG.
Mechanical Contractor's Company Name

910-944-1494
Telephone

PO BOX 1341 SOUTHERN PINES NC 28388
Address

Email Address

30377
License #

Plumbing Contractor Information

Description of Work INSTALL PLUMBING # Baths 3.5

THE PLUMBING KNIGHT
Plumbing Contractor's Company Name

910-639-5555
Telephone

PO BOX 5864 PINEHURST NC 28374
Address

PKI-AMY@NC.PR.COM
Email Address

21681
License #

Insulation Contractor Information

TRE-CITY 7223 BECKY DR. RAYEXAN (910) 486-8855
Insulation Contractor's Company Name & Address Telephone
27618

*NOTE General Contractor must fill out and sign the second page of this application

*checked
12-21-14*

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

12/9/16
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 SEPTORIC HOMES LLC

Sign w/Title  PRODUCTION Mgr.

Date 12/9/16