

09/09/11

Application #

39383

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 MICHAEL HUDSON Date 07/07/11 **SCANNED**

Site Address FLINTLOCK LN. OFF RIVER RD FURQUAY N.C. Phone _____

Directions to job site from Lillington OUT 401 LEFT ON CLIFTON RD DATE _____
LEFT ON RIVER RD. RIGHT ON FLINTLOCK LN.
TO END OF Rd ON LEFT

Subdivision _____ Lot _____

Description of Proposed Work Home / LOG # of Bedrooms 3

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

BACK 2 NATURE LOG HOMES Telephone 919-455-6181

Building Contractor's Company Name _____

155 So RALEIGH Rd ANGIER N.C. Email Address B2N2LOGHomes@YAHOO.COM

Address 65010

License # _____

Electrical Contractor Information

Description of Work WIRE HOUSE Service Size 200 Amps T-Pole Yes No

DNE ELECTRICAL Telephone 919-333-1330

Electrical Contractor's Company Name _____

7809 OLD US HWY 421 LILLINGTON N.C. Email Address _____

Address 31090-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work HUAL - HOME

HIPP-S HEATING & AIR CONDITIONS INC. Telephone 828-749-1247

Mechanical Contractor's Company Name _____

1418 THOMPSON RD. SALUDA N.C. Email Address _____

Address 31634

License # _____

Plumbing Contractor Information

Description of Work PLUMBING HOUSE # Baths _____

CRUZ PLUMBING LLC Telephone 828-8082667

Plumbing Contractor's Company Name _____

P.O. 1092 CASHIERS N.C. Email Address _____

Address 30910

License # _____

Insulation Contractor Information

BACK 2 NATURE Telephone 919-455-6181

Insulation Contractor's Company Name & Address _____

155 S. RALEIGH ST ANGIER N.C.

*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

Curtis Perry

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

09/07/16

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 BACK 2 NATURE LOGHOMES

Sign w/Title Curtis Perry / OWNER

Date 09/07/16