

39599

Harnett County Central Permitting

PO Box 85 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 Magdalena Orozco Date 6-13-17

Site Address 619 Jasmine rd Fugate Vaux Phone 27426

Directions to job site from Lillington South on 401 ~~turn~~ left on Christian light
Follow 6 miles to left on river rd. 3 miles & right
on Jasmine rd 1/2 mile house on the left

Subdivision Captius landing Lot _____

Description of Proposed Work _____ # of Bedrooms 4

Heated SF 1964 Unheated SF 546 Finished Bonus Room? _____ Crawl Space _____ Slab

General Contractor Information

Select custom Builders LLC Telephone 919-819-0297

Building Contractor's Company Name _____
2747 Walnut st Cary NC 27518 Email Address tre@scbwake.com

Address 78279

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No

to be determined - OWNER Telephone _____

Electrical Contractor's Company Name _____
Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work 2000 sq Ft house (2) Split Systems
to be determined Davis Heating and Cooling Telephone 919-736 3362

Mechanical Contractor's Company Name _____
489 Church of God Rd Goldsboro NC 27534 Email Address clotondavis@bellsouth.net

Address 29773

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

to be determined OWNER Telephone _____

Plumbing Contractor's Company Name _____
Address _____ Email Address _____

License # _____

Insulation Contractor Information

Select custom Builders Telephone 919-819-0297

Insulation Contractor's Company Name & Address _____

*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

William M. III
Signature of Owner/Contractor/Officer(s) of Corporation

6-13-17
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 Select Custom Builders LLC

Sign w/Title William M. III President Date 6-13-17