Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application fo	r Building and Trade Permit
Owner's Name: Keita Bullock	Date: 2-19-17 Angles NC 27501 Phone: 919-427-4628
Address: 12 by color Ct	Angres NC 27501 Phone: 919-427-4628
Directions to job site: Hwy 401 N - A	eft on chalyboate Rd
Fight on Baptist Grove Fd. L	ot on left.
211 3 11 1	
Subdivision: Bobby B. Matthews	Lot: 2
Construction Type: (Please Check)	Building Use: (Please Check)
New	∨ Residential
Renovation	Modular
Addition	Commercial
Moved House	Multi-Family
Other	
Description of Proposed Work:	wilv
Total Project Cost: 150 000	
Total Project Gost	
D. IIdia	- Downit Information
Building	Remit Information Building Construction Cost \$ \(\sumsets \) \(
Heated SF 7517 Crawl Space (9	Building Construction Cost \$ 750,000
Unheated SF 777 Slab (9	Acres Disturbed Stories L
Keith Bullack Svilders, Inc.	919-427-4628
Building Contractor's Company Name	Telephone
72 DIENOOK Ct. Angre NC 2	1)501 47504
Address	License #
Jullock .	
Signature of Officer(s) of Corporation	
<u>Electrica</u>	al Permit Information
Description of Work New	Electrical Cost \$
TO Dalay Van (V No. () Underground (V	Overheard ()
Permanent Service: Underground () Overh	nead () Service Size: 200 Amps
Dean Electric LLC	919-669-0063
Flectrical Contractor's Company Name	read () Service Size: 200 Amps 919-669-0063 Telephone 29839-L
Electrical Contractor's Company Name 2793 Baptist Grove Pd. ruguage	14riva 29839-L
	License #
Address Austin Dean by & Bullock	
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation	
Mechanic	al Permit Information
Description of Work <u>Ne</u> w	
Number of Units / Type System	HP Mechanical Cost \$
Carolina Cantort Air, Inc.	The state of the s
Mechanical Contractor's Company Name	Telephone
SZIZ US HAY 70 BUS Clayton, NC 5	
	License #
Address	Licerise #
IP more by Satt Sulle	
Signature of Officer(s) of Corporation	
	B
	Permit Information
Description of Work New	
Number of Baths	Plumbing Cost \$
L.R. Glover Humbing, Inc.	919-894-5892
Plumbing Contractor's Company Name	Telephone
PO BOX 764 Benson, NC 875	
Address	/ License #
LE Gloves by Latte Oullaste	2
Signature of Officer(s) of Corporation	
Insulation	Permit Information
Residential (i) Other () Not Required ()	,
()	Taleich N/- 9/9-772-9000

Address

Insulation Contractor's Company Name

Telephone

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	•
Address	License #
Signature of Officer(s) of Corporation Fire	Alarm System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
	Driveway Access
NC Department of Transportation Drivew	ay Access/Permit? Yes No
correct and that the construction will Plumbing and Mechanical codes, and information on the above contractors is including listed contractors, site plan, but the contractors is including listed contractors.	to make necessary application, that the application is conform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the scorrect as known to me and if any changes occur building and trade plans, Environmental Health permit entify it is my responsibility to notify the Harnett County changes.
Signature of Owner/Contractor/Officer(s)	of Corporation Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant for Building Permit #_16 \(\square\tau \tau \tau \tau \tau \tau \tau \tau
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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
Has/have not 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.
Firm Name: Leith Zullock Zilders, Inc.
Firm Name: Leth Zullock Zilders, Inc. By/Title: President
Date: 2-14-17