

09/09/11

Application #

1750042202

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 NC CUSTOM HOMES Date 11/13/17
Site Address 1460 OLIVE BRANCH RD. Phone 919-946-3662
Directions to job site from Lillington GO IN TOWARDS FURQUAY. TL IN RAILING TL ON OLIVE BRANCH

Subdivision _____ Lot _____
Description of Proposed Work NEW HOME # of Bedrooms 4
Heated SF 4120 Unheated SF 1275 Finished Bonus Room? YES Crawl Space Slab _____

General Contractor Information

NC CUSTOM HOMES LLC
Building Contractor's Company Name
1508 MYCENNAE PL. FURQUAY
Address VAHANTA
67623
License #

919 946 3662
Telephone
dozier@nc.hr.com
Email Address

Electrical Contractor Information

Description of Work NEW HOME Service Size 400 Amps T-Pole Yes No
AMETEC ELECTRIC
Electrical Contractor's Company Name
622 SUNSET RD. F.V.
Address
22335-L
License #

919-552-9879
Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work NEW HOME - HEAT PUMP
CAROLINA AIR CONDITIONING
Mechanical Contractor's Company Name
RALEIGH
Address
29319
License #

919-898-8228
Telephone
Email Address

Plumbing Contractor Information

Description of Work NEW HOME # Baths 3 1/2
WALVER PLUMBING
Plumbing Contractor's Company Name
PO BOX 494, WAMERS
Address
31576
License #

910-890-2299
Telephone
Email Address

Insulation Contractor Information

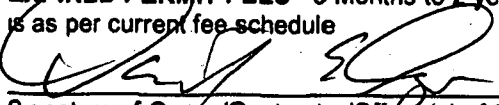
INSULATION INC
Insulation Contractor's Company Name & Address

919-772-9000
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


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

11/13/17
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 NC Custom Homes, LLC

Sign w/Title Don Egan / owner / mgr. Date 11/13/17