

Application # 1850043471

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: Howard R./Betty Ann Bowen Date: 3-6-18  
Site Address: Josey Williams Rd Erwin Phone: 919-820-4067  
Directions to job site from Lillington: Hwy 401 S to Josey Williams Rd. Turn right. site one mile on right.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Single Family Dwelling # of Bedrooms: 3  
Heated SF: 2400 Unheated SF: 1000 Finished Bonus Room? No Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone 919-820-4067  
same \_\_\_\_\_ Email Address babowen898@yahoo.com  
Address \_\_\_\_\_  
N/A License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work wire new house Service Size: 200 Amps T-Pole:  Yes  No  
Patrick Electrical Contracting, LLC Telephone 910-237-1594  
Electrical Contractor's Company Name \_\_\_\_\_  
1309 N Main St. \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
4910 Unlimited classification License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Custom Heating + Air - heat + AC for new home  
Custom Heating + Air, LLC Telephone 919-820-3079, 910-892-8827  
Mechanical Contractor's Company Name \_\_\_\_\_  
1001 Denim Drive \_\_\_\_\_ Email Address customheatingandair@gmail.com  
Address \_\_\_\_\_  
28699 class 1 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Plumbing + fixtures # Baths 3  
Insulation throughout home  
(Jamie Johnson) Plumbing Telephone 910-814-7705  
Plumbing Contractor's Company Name \_\_\_\_\_  
1490 Clark Rd. Lillington NC 27546 \_\_\_\_\_  
Address 614 Byrd Rd. Bunnlevel NC 28323 Email Address \_\_\_\_\_  
21649 License # \_\_\_\_\_

Double J

**Insulation Contractor Information**

Tri-City ; E. Mountain Dr. Fayetteville Telephone 910-778-8195  
Insulation Contractor's Company Name & Address NC

\*NOTE: General Contractor / owner 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.

Betty Ann / Howard R Bowen  
Signature of Owner/Contractor/Officer(s) of Corporation

3-6-18  
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: \_\_\_\_\_

Sign w/Title: Betty Ann Bowen HR Bowen Date: 4-2-18

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

Josey Williams Rd. Erwin, NC 28339

Betty Ann Bowen  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1.  I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);

2.  I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3.  I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;

4.  I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

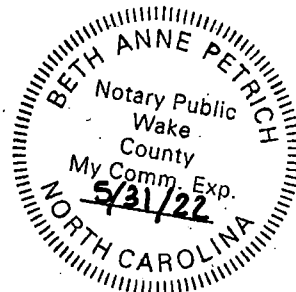
Betty Ann Bowen  
(Signature of Affiant)

3-6-18  
Date

Sworn to (or affirmed) and Subscribed before me this the 6<sup>th</sup> day of March, 2018

Beth Anne Petrich  
Signature of Notary Public

Beth Anne Petrich  
Printed Name of Notary Public



My Commission Expires: 5/31/22

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

DO NOT REMOVE!

**Details: Appointment of Lien Agent**  
Entry #: 839914

Filed on: 04/24/2018  
Initially filed by: babowen898

**Designated Lien Agent**

Premier Land Title Insurance Company  
Online: [www.liensnc.com](http://www.liensnc.com)  
Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601  
Phone: 888-690-7384  
Fax: 919-489-5231  
Email: [appoint@liensnc.com](mailto:appoint@liensnc.com)

**Project Property**

1016 Josey Williams Road  
Erwin, NC 28339  
Harnett County

**Print & Post**



**Contractors:**  
Please post this notice on the Job Site.  
**Suppliers and Subcontractors:**  
Scan this image with your smart phone to  
view this filing. You can then file a Notice  
to Lien Agent for this project.

**Owner Information**

Bety Bowen  
898 Josey Williams Road  
Erwin, NC 28339  
United States  
Email: [babowen898@yahoo.com](mailto:babowen898@yahoo.com)  
Phone: 919-820-3998

**Date of First Furnishing**

04/11/2018

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Technical Support Hotline: (888) 690-7384