

* 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: Daniel & Priscilla Johnson Date: 7/2/18
Site Address: 205 Barclay Dr. Angier N.C. Phone: 919 538 7127
Directions to job site from Lillington: 401 to old conts Rd /sheriff Johnson Rd to Oak grove church Rd /boy Rd to langdon Rd to Barclay drive.
Subdivision: Barclay Lot: 26
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 2886 Unheated SF: 1947 Finished Bonus Room? Yes Crawl Space: Yes Slab:

General Contractor Information

STD Builders Inc. 919 594 9493
Building Contractor's Company Name Telephone
6528 Mal Weathers Rd. jason.sdbuilders@gmail.com
Address Email Address
44642

Electrical Contractor Information

Description of Work New Construction Service Size: Amps T-Pole: Yes No
Mabry's Electrical Services 919 639 4837
Electrical Contractor's Company Name Telephone
731 Mabry Rd. Angier N.C.
Address Email Address
15077

Mechanical/HVAC Contractor Information

Description of Work New Construction
Stephenson's Heating & Air 919-329 0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner N.C.
Address Email Address
18644

Plumbing Contractor Information

Description of Work New construction # Baths 3
JC Wilkins Plumbing 919 639-6201
Plumbing Contractor's Company Name Telephone
840 Massengill Pond Rd. Angier
Address Email Address
10421

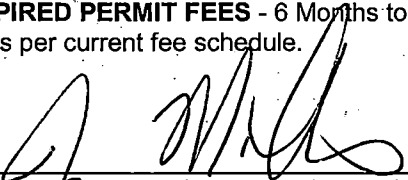
Insulation Contractor Information

Insulating Inc. 5902 Fayetteville Rd 919 772 9000
Insulation Contractor's Company Name & Address Telephone
Rd. N.C.

*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.



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

7-2-18

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: _____ Date: _____