

Application # 14 500 34 812

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
PO Box 95 Lillington, NC 27548
Phone 910-893-7625 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Catherine Satter Date: 10-23-14
Site Address: 200 Donna Lynn Ln. Cameron NC Phone: 910-214-0502
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: _____ #Bedrooms: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes/no on beam
Allman Electric, Corp. 910-485-8617
Electrical Contractor's Company Name _____ Telephone _____
345 Wilkes Rd. Fayetteville, NC 28306 6136-0
Address _____ License # _____
Donnie Rowles 1 sub-panel on beam
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

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 _____

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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Application for Residential Building and Trades Permit

Owner's Name _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

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

General Contractor Information

Building Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Electrical Contractor Information

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

Electrical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____

Telephone _____

*NOTE General Contractor must fill out and sign the second page of this application

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	14-50034812	Page	2
Property Address	200 DONNA LYNN LN	Date	10/23/14
PARCEL NUMBER	09-9563- - -0004- -01-		
Application description . . .	CP STANDALONE TRADE - RESIDENTIAL		
Subdivision Name			
Property Zoning	PENDING		
Permit	RESIDENTIAL ELECTRICAL PERMIT		
Additional desc	200 AMP EL SERV ON BARN ANIMAL		
Phone Access Code	1058791		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___

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PARCEL NUMBER	09-9563- - -0004- -01-	
Application type description	CP STANDALONE TRADE - RESIDENTIAL	
Subdivision Name		
Property Zoning	PENDING	

Owner

WICKER DOYLE L JR & JANET F
 1/2 & WILLIAM L WICKER 1/2
 RT 3 BOX 48-B
 CAMERON NC 28326
 (919) 499-4766

Contractor

ALLMAN ELECTRIC CORP.
 345 WILKES ROAD
 FAYETTEVILLE NC 28306
 (910) 485-8617

Applicant

ALLMAN ELECTRIC

--- Structure Information 000 000 200 AMP EL SERV ON BARN FOR ANIMALS
 Flood Zone : FLOOD ZONE X
 Other struct info PROPOSED USE 200 AMP SERV
 WATER SUPPLY NA

Permit	RESIDENTIAL ELECTRICAL PERMIT		
Additional desc	200 AMP EL SERV ON BARN ANIMAL		
Phone Access Code	1058791		
Issue Date	10/23/14	Valuation	0
Expiration Date	10/23/15		

Special Notes and Comments

200 DONNA LYNN LANE CAMERON 28326. ----