

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

Crawl

Application for Residential Building and Trades Permit

Owner's Name Hugh Surles Builders Date 12/28/11
Site Address LASATER Rd Phone 919 422 7065
Directions to job site from Lillington 10 miles south of Lillington on 210. Take left on Lasater Rd go 5 miles let on etc.

Subdivision _____ Lot 21
Description of Proposed Work _____ # of Bedrooms 4
Heated SF 3165 Unheated SF 1725 Finished Bonus Room? Yes Crawl Space Slab _____

General Contractor Information

Hugh Surles Builders Telephone 919 422 7065
Building Contractor's Company Name _____
126 Brandon Dr Lillington NC 27546 Hugh Surles @ AOL com
Address _____ Email Address _____
62559
License # _____

Electrical Contractor Information

Description of Work _____ Service Size 200 Amps T Pole Yes _____ No
Rex Dean Electrical Telephone 919 552 4281
Electrical Contractor's Company Name _____
3039 Kennebec Rd. Willow Springs NC Email Address _____
Address _____
5748
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____ Telephone 639 2297
Mechanical Contractor's Company Name _____
PO Box 398 Angier NC 27501 Email Address _____
Address _____
404469
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 3.5
Camden Plumbing Telephone 919 557 1584
Plumbing Contractor's Company Name _____
PO Box 1359 Fuquay Varina NC 27526 Email Address _____
Address _____
18903
License # _____

Insulation Contractor Information

Tri-City Insulation Telephone 910 486 8855
Insulation Contractor's Company Name & Address _____
334 Mountain Dr Fayetteville NC

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

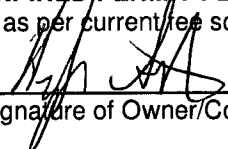
Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption Questionnaire per G S 87 14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1 Do you own the land on which this building will be constructed? ___ Yes ___ No
- 2 Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ Yes ___ No
- 3 Do you intend to directly control & supervise construction activities? ___ Yes ___ No
- 4 Do you intend to schedule contract or directly pay for all phases of construction work to be done? ___ Yes ___ No
- 5 Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so it creates the presumption under law that you fraudulently secured the permit? ___ Yes ___ No

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 **I affirm that I have obtained all listed contractors 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

12/28/11

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

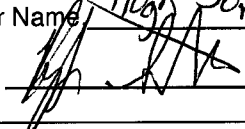
___ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 High Surles Builders

Sign w/Title  Date _____

Plan Box # B-2

Date 12-30-11

Job Name Hugh Guckes

App # 1150027971

Valuation [#] 253875

SQ Feet 3908

Inspections for SFD/SFA

Crawl X

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey No

Envir Health Yes

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____