

Harnett County Central Permitting  
PO Box 65 Lillington NC 27548  
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 Steven Unger Date 9 June 2017

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**

Steven Unger Telephone (919) 557-6925  
Building Contractor's Company Name  
100 RUTH CIR, FURQUAY-VARINA, NC 27526 Email Address SteveUnger@outlook.com  
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**

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

9 June 2017  
\_\_\_\_\_  
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 9 June 2017

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.

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Application Number . . . . .	17-50041462	Date	6/09/17
Property Address . . . . .	100 RUTH CIR		
PARCEL NUMBER . . . . .	08-0654- - -0292- -22-		
Application type description	CP NEW STORAGE BLDG RESIDENTIAL		
Subdivision Name . . . . .	BALLARD WOODS		
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

Owner

Contractor

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UNGER STEVEN M & KAREN A  
 100 RUTH CIRCLE  
 SPRING LAKE NC 28390  
 (910) 436-2347

OWNER

Applicant

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UNGER STEVEN #50  
 100 RUTH CIR  
 FUQUAY-VARINA NC 27526  
 (580) 216-6725

--- Structure Information 000 000 20X12 RESIDENTIAL STORAGE BLDG

Flood Zone . . . . .	FLOOD ZONE X		
Other struct info . . . . .	PROPOSED USE	STORAGE	
	SEPTIC - EXISTING?	EXISTING	
	WATER SUPPLY	COUNTY	

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Permit . . . . .	RESIDENTIAL BUILDING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1195346		
Issue Date . . . . .	6/09/17	Valuation . . . . .	0
Expiration Date . . . . .	6/09/18		

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Permit . . . . .	LAND USE PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1195353		
Issue Date . . . . .	6/09/17	Valuation . . . . .	0
Expiration Date . . . . .	12/06/17		

Special Notes and Comments

T/S: 05/24/2017 09:12 AM DJOHNSON --  
 BALLARD WOODS LOT 50

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
			Permit type . . . . . RESIDENTIAL BUILDING PERMIT		
999	131	R131	ONE TRADE FINAL	_____	__/__/__