

\* 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 licence.

Application # 0750017702  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

SCANNED  
2.20.08

Owner's Name: JASON KOLESAR Date: 6/27/2007  
Address: PO BOX 1120, Bules Creek NC 27506 Phone: 910-591-9100

Directions to job site from Lillington: Hwy 401N, pass Kipling, until Spence Mill Ind. Park, 3<sup>RD</sup> Left pass Talton's onto RANDY COURT, 1<sup>ST</sup> Building on Left

Subdivision: Spence Mill Industrial Park Lot: 7

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \$ 90,000.00 Description of Proposed Work: Erection of Building

**General Contractor Information**

Heated SF 2800 Crawl Space ( ) Slab (X) Building Construction Cost \$ 30,000.00  
Unheated SF 0 Acres Disturbed 3000 sq feet Stories 1

Roseman Enterprises, Inc. (919) 337-5400  
Building Contractor's Company Name Telephone  
135 Victoria Hills Drive, P.O. Box 314, Fuquay-Varina, NC 27529 60168  
Address License #

Chris Roseman  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work Lights & outlets Electrical Cost \$ 5,000

TS Pole: Yes ( ) No (X) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps

MURPHY CONTROLS & ELECTRICAL, INC 919-795-4708  
Electrical Contractor's Company Name Telephone  
725 TIMBERLANDS DRIVE, LOUISBURG, NC 27549 16365-U  
Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Installation A/C System & Duct Work  
Number of Units 2 Type System Stand Alone Mechanical Cost \$ 9,500.00

Joe Montague Heating & Cooling 919-753-7289  
Mechanical Contractor's Company Name Telephone  
163 Fairfield Lane, Lillington, NC 27546 22254  
Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Toilets & sink installation  
Number of Baths 2 Plumbing Cost \$ 3,000.00

Logzto Folders Plumbing 919-291-5804  
Plumbing Contractor's Company Name Telephone  
1028 Shadywood Lane, Raleigh, NC 27603 10926  
Address License #

4/1/8  
All  
attach

Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other (X) Not Required ( )

Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion  
Sprinkler System Information**

N/A

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

*USE EXISTING DRIVEWAY*

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?    Yes     No

**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

\_\_\_\_\_  
Sign & date

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 if any changes occur including listed contractors, site plan, 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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

6/27/07  
Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: ROSEMAN ENTERPRISES, Inc.  
 Sign/Title: Chf Roseman Vice-President  
 Date: 6/27/07

6/28/07  
 Subs. - Elec,  
 Mech, and Plu.  
 will get there  
 on permits. They  
 will need to  
 sign also when  
 getting these permits.



March 31, 2008

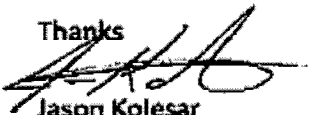
Harnett County Central Permitting  
PO Box 65  
Lillington, NC 27546  
Fax: 910-893-2793

Permit Number: 07-50017702  
Owner: Jason Kolesar  
Project: Jonathon's House Expansion

On the above permit, please remove Laszlo Foldes Plumbing as the Plumbing Contractor. The new plumbing contractor is D & V Repair Service; they will be in today or Tuesday to pull their permit with their plumbing license.

Also, you may remove Murphy Controls & Electrical, Inc. as the Electrical contractor as they will be replaced with another electrical contractor in the near future.

Thanks



Jason Kolesar  
PO Box 1120  
Buies Creek, NC 27506  
Cell: (910) 591-9100

Application # 0750017702

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793  
www.harnett.org  
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN or Parcel #: \_\_\_\_\_

Job Cost: 10050 Description of Work to be done new commercial plumbing

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_

Electrical: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I D + V Repair Services (Contractors Name) have provided or will provide the Plumbing (Trade) labor on this structure. I am the building owner or hold a NC state Plumbing (Trade) license number 15986, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Don Coni Date: 4-1-08

Company Name: D + V Repair Services Phone: 552 6011  
Address: 288 Baker town Rd  
County: Hornett Contractor's License #: 15986  
Contractor's Signature: Don Coni Date: 4-1-08

\*Company name, address, & phone must match information on license.

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Application # 0750017702

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

**Application for Residential Building and Trades Permit**

Owner's Name: Comm Date: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 # \_\_\_\_\_

Must sign & fill out second page

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

**Electrical Permit Information**

Description of Work Electrical Service Size: 200 Amps TPole: yes

Freedom Electrical Services Telephone (910) 897-2877

Address 1368 Langdon Rd Angier N.C. 27501 License # 26308 L

Signature of Officer(s) of Corporation [Signature] \$15,000

**Mechanical/HVAC Permit Information**

Description of Work HVAC install

See Montague Heating and Cooling Telephone (919) 753-7289

Address 163 Fairfield Ln. Lillington N.C. 27546 License # 22254

Signature of Officer(s) of Corporation [Signature] \$19,500

**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 \_\_\_\_\_

**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 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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

7/20/09  
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: Freedom Electrical Services L.L.C.

Sign w/Title: *[Signature]*    Date: 7/20/09