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

Application for Building and Trades	Permit / /
Owner's Name: Franklin & Stuart McC/eoo	Date: 4/3/12
Site Address: Corner of 17 2 Ponderosa	Rd Phone: 910-890 -432
Directions to job site from Lillington:	ran dillinatar
(TR) ON Porderosa Rd.	0
Subdivision:	Lot:
Description of Proposed Work: 540 race Buildin	85.
Heated SF <u>3,816</u> Unheated SF <u>19.734</u>	177 22
General Contractor Information: Building Cost \$	373,000
Matthew H. Norris	<u> 910-810-4321 </u>
Building Contractor's Company Name	Telephone
Address / Box 727 Juny, NC 183	Email Address
Address /	60202
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost	\$ <u>5,000</u>
Description of Work Service Size:	Amps #T-Poles
Electrical Contractor's Company Name	<u>919 - 499 - 5389</u>
Electrical Contractor's Company Name	Telephone
Address ///	Email Address
halas allient	17m7-11
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	ost \$ <u>7,000.00</u>
Description of Work <u>Condercial</u>	# Units
IST, LLC.	<u> 919 - 714 - 2869.</u>
Mechanical Contractor's Company Name	Telephone
107 ACC Blvd, Raleigh NC a	7617
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	
Description of Work Cannercial	# Baths
Curtis Faircloth Phunking	910-531-2869
Plumbing Contractor's Company, Name	Telephone
5056 Elizabeth Llw. Roseboro NC	
Address	Email Address
Cirlis Furches	7269.
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Det Co	1-800-654-7813
Insulation Contractor's Company Name & Address	Telephone

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

Sprinkler Contractor Information	<u>n</u>
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License #
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Ac	
I hereby certify that I have the authority to make necessary application and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if any changes occur including number of bedrooms, building and trade plans, Environmental Health pechanges, I certify it is my responsibility to notify the Harnett County Ceany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation	ding, Electrical, Plumbing and the information on the above ng listed contractors, site plan, ermit changes or proposed use ntral Permitting Department of
	0.00.07.44
Affidavit for Worker's Compensation N The undersigned applicant being the:	.C.G.S. 87-14
General Contractor Owner Officer/Agent of	of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit:	or corporation(s) performing the work
Has three (3) or more employees and has obtained workers' com	pensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' them.	compensation insurance to cover
√ Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	f workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understo Department issuing the permit may require certificates of coverage of wo to issuance of the permit and at any time during the permitted work from carrying out the work.	orker's compensation insurance prior any person, firm or corporation
Company or Name: Thew 1.	~/ <u>'S</u>
Sign w/Title: / Conver	Date: 4/3/12

P	Harnett C D Box 65 Lillington, NC 27546 - Ph: 9	ounty Central Permitt 910-893-7525 - Fx: 910-893-2	ing 793 - www.harnett.org/permits
W 2/	Certification of Wo	ork Performed By Owner/ idual Ţrade Applicatio <mark>ŋ</mark>)	Contractor
	Structure: Zranklin _		
	lailing Address:	Photocourage Photographic Photo	one: 770 070
		, , ,	
Land Owner	Name (s): Franklin	IlcC/coud Phy	one: <u>445 9/9 632</u> -5
	or Site Address:		
PIN #		Parcel #	
Job Cost: _	Description of Work to	be done HVAC	
		/	
Maahaniaal	Nove Unit With Dushwork	ow Unit Without Duahwark	Coo Dining Other
	New Unit With Ductwork No		
Electrical*:	200 Amp <200 Amp Se * For Progress Energy customer		
Plumbing:	Water/Sewer Tap Nu	mber of Baths 🗾 Wat	er Heater
Specific Dire	ections to Job from Lillington:	(, (7))	r D
27	Dest from Ziffing	istool, IRION	Tonderosa
	1/1		
Subdivision		Lot #:	NA
	11/	111/10	
1 sacy	will provide the ontractors Name)	(Trade)	labor on this structure.
I am the bui	ding owner or my NC state license	e number is <u>2358.7</u>	, which entitles me to
•	-		ith the State Building Code and all
other applic	able State and local laws, ordinand	ces and regulations.	
Carol	ina Air Service	<u> </u>	919-422-9222
Contractor's	Company Name	Le Forest	Telephone
41.00	V MM	NC 27587	Email Address
Address	X'/		

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.