

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

Application # 09-500-21723
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
9/14/09
DATE

Application for Residential Building and Trades Permit

Owner's Name: MICHAEL D. THOMAS Date: 9-14-09
Site Address: BILL AVERY RD LOT 3 Phone: 910-890-4448
Directions to job site from Lillington: 421 SOUTH TO HWY 27 SOUTH TO BILL AVERY ROAD, TURN LEFT ~ 2 MILES ON RIGHT OF BILL AVERY RD.
Subdivision: _____ Lot: 3
Description of Proposed Work: DUPLEX #Bedrooms: 4
Heated SF 2460 Unheated SF 134 Finished Rec Room? _____ Crawl Space (Slab ())

General Contractor Information

THOMAS CONSTRUCTION & REALTY 910-893-8950
Building Contractor's Company Name Telephone
229 OAK STREET LILLINGTON, NC 27546 17963
Address License #
[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Plt Work Service Size: 125 Amps TPole: yes/no
Rated 500 Volt NEC 897-5974
Electrical Contractor's Company Name Telephone
1309 W MAIN ST LILLINGTON 49100
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC
5+m Heating and Aircond. 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Road DUNN N.C 17164
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing # Baths 4
Wagner Plumbing 910-851-8114
Plumbing Contractor's Company Name Telephone
Box 494 Mauness N.C. 07674
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

TRE CITY INSULATION 7204 BECKY CIR RALEIGH, NC (919) 790-9684
Insulation Contractor's Company Name & Address Telephone

SEP 14 2009

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.

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.

Michael D. Thomas
Signature of Owner/Contractor/Officer(s) of Corporation

9/14/09
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: Michael D. Thomas

Sign w/Title: Owner Date: _____