

Application for Building and Trade Permit

Owner's Name: Ralph Bean Date: 8/1/19
Address: 109 Grahamridge Ln, FV, NC 27526 Phone: 207-400-7855
Directions to job site: (From Lillington) North on 210 Hwy to Angier, Left onto NC 55 West, Left onto Rawls Church Rd, Left on Wyndham, Left on Grahamridge

Subdivision: _____ Lot: _____
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: Replace Split HP in crawlspace serving 1st floor
Total Project Cost: 6985.00

Building Permit Information

Heated SF 1486 Crawl Space Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____
Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work Service Disconnect / Reconnect Electrical Cost \$ 100.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Ideal Services Company Telephone 919-557-0004
Electrical Contractor's Company Name _____
110 Tradition Trail Holly Springs NC 27540 License # 27245
Address _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work Split HP replacement in crawlspace serving 1st floor
Number of Units 1 Type System HP Mechanical Cost \$ 6885.00
Ideal Services Company Telephone 919-557-0004
Mechanical Contractor's Company Name _____
110 Tradition Trail Holly Springs NC 27540 License # 26983
Address _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name _____ Address _____ Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

Date

8/1/19

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


The undersigned applicant for Building Permit # _____ being the:

- 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: Ideal Services Company
By/Title: Adam Hagen - General Manager 
Date: 8/1/19