

\* 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 license.

Application # 075001 7559

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

Owner's Name: Pine Grove Dev.  
Address: 622 Buffalo Lakes Rd.  
Directions to job site from Lillington: \_\_\_\_\_

Date: 6-19-07  
Phone: 498-2204

Subdivision: Natures Cross Road Lot: 52

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

Total Project Cost: 800<sup>00</sup> Description of Proposed Work: 8'x12' Brick Stoop

**General Contractor Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) \_\_\_\_\_ Building Construction Cost \$ 800<sup>00</sup>  
Unheated SF 96 Slab (x) \_\_\_\_\_ Acres Disturbed 0 Stories 1

Stovall & Son's Const. 498-2204  
Building Contractor's Company Name Telephone  
101 Wimbledon Drive 29186  
Address License #

James D. Stovall  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps

Electrical Contractor's Company Name Telephone  
Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System MA Mechanical Cost \$ \_\_\_\_\_

Mechanical Contractor's Company Name Telephone  
Address License #

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 ( ) MA Other ( ) Not Required ( )

Insulation Contractor's Company Name & Address Telephone

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

The undersigned applicant for Building Permit # 0750017559 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: Pine Grove Dev.  
Sign/Title: James D. Stovall Constr. mgr.  
Date: 6-19-07