

* 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 # 07-5001-8455

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.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: 7-7-08
Phone: 498-2204

Subdivision: Natures Cross Roads Lot: 47

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

Total Project Cost: 800⁰⁰ Description of Proposed Work: 6x16 Brick Stoop

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 800⁰⁰
Unheated SF 96 Slab (x) Acres Disturbed 0 Stories 1

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

Jan 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 () Other () Not Required ()

Insulation Contractor's Company Name & Address Telephone _____

Sprinkler System Information - Commercial

<u>Sprinkler Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	<u>MA</u>
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

Fire Alarm System Information - Commercial

<u>Fire Alarm Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	<u>MA</u>
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

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 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.

<u>James D. Stone</u>	<u>7-7-08</u>
Signature of Owner/Contractor/Officer(s) of Corporation	Date

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

The undersigned applicant for Building Permit # 07-5001-8455 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. Corp.

Sign/Title: James D. Stovall, Const. mgr.

Date: 7-7-08