

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

* 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 for Residential Building and Trades Permit

Owner's Name: Theodore Mark Underwood Date: _____
Site Address: 117 Horseshoe Bend Rd. Phone: _____
Subdivision: Hay 401 South 1/2 mile before County line N/A
Description of Proposed Work: New consturction, single family residents

General Contractor Information

Theodore Mark Underwood 910.488.3761
Building Contractor's Company Name Telephone
6609 Summerchase Dr. munderwood7@nc.rr.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work New Residential Service Service Size: 400 Amps T-Pole: Yes No
1139 Robeson st. Fayetteville, NC 28305 910 707 4400, 910 483.8790
Electrical Contractor's Company Name Telephone
Cape Fear A/C & Heating Co. info@capefearair.com
Address Email Address
30052 H2 H3 / L31418
License # _____

Mechanical/HVAC Contractor Information

Description of Work New Single Family Residential HVAC Installation
Cape Fear AC & Heat, Electrical Co. 910-483-8790
Mechanical Contractor's Company Name Telephone
1139 Robeson st. Fayetteville NC 28305 info.@capefearair.com
Address Email Address
30052 H2 H3
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2
Haire Plumbing & Mechanical Co. 910 483-1421
Plumbing Contractor's Company Name Telephone
367 Winslow st. Fayetteville, NC 28301 _____
Address Email Address
NC 4230
License # _____


Insulation Contractor Information

Cumberland Insulation Co 4205 Clinton Rd. Fayetteville, NC 28312 910 484-7118
Insulation Contractor's Company Name & Address Telephone

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

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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.


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

5-1-2019
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.

Sign w/Title: _____ Date: _____

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered: 117
Horseshoe Bend Rd. Erwin 28339

I, Theodore Mark Underwood
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

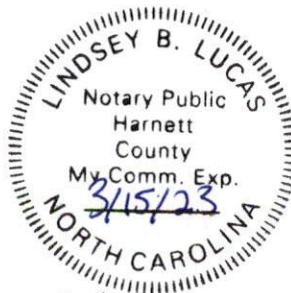
- M I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);
- M I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
- m I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
- M I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

Theodore Mark Underwood
(Signature of Affiant)

5-1-2019
Date

Sworn to (or affirmed) and Subscribed before me
this the 1st day of May, 2019

Lindsey B. Lucas
Signature of Notary Public
Lindsey B. Lucas
Printed Name of Notary Public



My Commission Expires: 3/15/23 (Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

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for
Lindsey B. Lyles
Notary Public

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