## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for	Building and Trade Permit	
Owner's Name: Keith Bullock Bui	ldes Inc Date: 11-15-18	
Address: 70 Overlook at	August NC 2250 Phone: 919-427-4628	
Directions to job site: 401 N - Left on		
	Rd Rt. on Ausley Rd.	
Subdivision: Assley Rasa Minor	Lot: 3	
Construction Type: (Please Check)		
New	Building Use: (Please Check)  Residential  Modular  Commercial  Multi-Family	
Renovation	Modular	
Addition	Commercial	
Moved House	Multi-Family	
Other	<del>-</del>	
Description of Proposed Work:	Review Ly	
Total Project Cost: /30,000		
•	·	
, <del></del>	Permit Information	
Heated SF 1520 Crawl Space ()	Building Construction Cost \$ 130,000	
Unheated SF 484Slab (4)	Acres Disturbed 5 Stóries 1	
Keith Bullock Builders Inc	Acres Disturbed 5 Stóries 1 9/9 427 4628 Telephone	
Building Contractor's Company Name 72 Overlook Col Augles NL	1 elephone 47504	
	License #	
Address	License #	
Signature of Officer(s) of Corporation	-	
Signature of Officer(s) of Corporation		
, Electrical	Permit Information	
Description of Work New	Electrical Cost \$	
TS Pole: Yes (2) No ( ) Underground ( )	Overheard ( )	
Permanent Service: Underground () Overhe	ead ( ) Service Size: 🕹ව Amps	
DEAN ENCTOIL, UC	919-669-0063	
Electrical Contractor's Company Name	Telephone 29839-L	
2793 Baptist Grove Rd. Fuge	License #	
Address Address	CLICENSE #	
Signature of Officer(s) of Corporation	<del>-</del>	
digitation of Offices (5) of Octporation		
<u>Mechanica</u>	I Permit Information	
Description of Work New		
Number of Units Type System _	Mechanical Cost \$	
IC'S Heating & Air Conditioning Sen	nie 919-552-3053	
Mechanical Contractor's Company Name	Telephone	
1539 wade stephenson Rd. Holly	License #	
Address ANA CARRY By LBM	Licelise #	
Signature of Officer(s) of Corporation	-	
Signature of Officer(s) of Gorporation		
Plumbing	Permit Information	
Description of Work New		
Number of Baths 3	Plumbing Cost \$	
LR Colover Phinking, Inc	919-844-5892	
Plumbing Contractor's Company Name	Telephone	
70 Box 764 Berson	<u> 207958</u>	
Address	License #	
LE Glover by Loll		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential (*) Other () Not Required ()	7	
Insulating FAC	Estim NC 919-779-9000	
	Address Telephone	

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

The undersigned	d applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
Permitting Depa compensation in	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work, firm or corporation carrying out the work.
Firm Name:	Leith Bullack Brilders Inc
By/Title:	Ill - Fresident
Date: //-/	15-18

## Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	•
Address	License #
Signature of Officer(s) of Corporation	
<u>Fire</u>	Alarm System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	Dutanana Annana
	Driveway Access
NC Department of Transportation Drivew	ay Access/Permit? Yes No
correct and that the construction will eliumbing and Mechanical codes, and information on the above contractors including listed contractors, site plan, but the contractors including listed contractors, site plan, but the contractors is the contractors of the	•
CHSM-	11-15-18
Signature of Owner/Contractor/Officer(s)	of Corporation Date