

09/09/11

Application #

SFD1903-0007

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

Application for Residential Building and Trades Permit

Owner's Name David & Gail Carter Date 4-2-19

Site Address 367 Old NC 87 Cameron NC Phone _____

Directions to job site from Lillington Take Highway 27 West, Turn left
onto Old NC 87. Lot on right

Subdivision _____ Lot _____

Description of Proposed Work Site built SFD # of Bedrooms 3

Heated SF 1793 Unheated SF 612 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

St. Thomas Homes - Steve Thomas 919) 906-4069
Building Contractor's Company Name Telephone

PO Box 875, Broadway NC 27505 southernconcretedwindstream.net
Address Email Address

59452
License #

Electrical Contractor Information

Description of Work New construction SFD Service Size 200 Amps T-Pole Yes _____ No

Wester & Pace 919) 499-3946
Electrical Contractor's Company Name Telephone

465 Leslie Rd. Sanford NC _____
Address Email Address

12007-V
License #

Mechanical/HVAC Contractor Information

Description of Work New construction - SFD
Affordable Heat & Air 919) 498-2791
Mechanical Contractor's Company Name Telephone

PO Box 326 Lemon Springs NC _____
Address Email Address

28355
License #

Plumbing Contractor Information

Description of Work New construction SFD # Baths 2
Double J Plumbing 910) 814-7705
Plumbing Contractor's Company Name Telephone

82 Greenhouse Ct. Lillington NC _____
Address Email Address

27546
License #

Insulation Contractor Information

Tatum Insulation II Inc 919) 661-0999
Insulation Contractor's Company Name & Address Telephone

519 Old Drug Store Rd.
Garner NC 27529

*NOTE General Contractor 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

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

4-2-2019
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

Company or Name St. Thomas Homes

Sign w/Title Stu Thomas Date 4-2-19