

09/09/11

Application #

SFD 1904-0044

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 Stephenson Builders Inc. Date 4-5-19
Site Address 941 Rollins Mill Rd. Holly Springs Phone 919 730 7802
Directions to job site from Lillington _____
42 W. Rt on Rollins mill. Lot on Left.

Subdivision Southern Living Treatment Properties LLC Lot 2 Rollins Mill
Description of Proposed Work New Home # of Bedrooms 4
Heated SF 3179 Unheated SF 2384 Finished Bonus Room? NO Crawl Space Slab _____

General Contractor Information

Stephenson Builders Inc 919 730 7802
Building Contractor's Company Name Telephone
460 Ansley Rd. Fuquay NC 27526 olvw@stephensonbuilders.com
Address Email Address
53604
License #

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No
Dean Electric LLC 919 669 0063
Electrical Contractor's Company Name Telephone
2793 Baptist Grace Rd. Fuquay aidean4330@yahoo.com
Address Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work JC HVAC (New Home)
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919 552 3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd. Holly Springs
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work New # Baths 2.5
Camden Plumbing & Repair 919 557 1584
Plumbing Contractor's Company Name Telephone
7229 Oak Willow Way Fuquay
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Building Products 919 630 8365
Insulation Contractor's Company Name & Address Telephone

*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

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

4-5-79
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 Stephenson Builders Inc.

Sign w/Title [Signature] President Date 4-5-79