

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

**Application for Building and Trade Permit**

Owner's Name: Angela Prince Date: 5-23-19  
Address: 1600 Lafayette Rd. Fuquay-Varina Phone: 919-427-4628  
Directions to job site: Hwy 401 N. - Right on Lafayette Rd. - Lot on Right

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

Description of Proposed Work: New single family  
Total Project Cost: 225,000

**Building Permit Information**

Heated SF 2715 Crawl Space () Building Construction Cost \$ 225,000  
Unheated SF 689 Slab () Acres Disturbed .25 Stories 1  
Keith Bullock Builder's Inc. 919-427-4628  
Building Contractor's Company Name Telephone  
72 Overlook Ct. Angier, NC 47504  
Address License #  
KB Bullock  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes () No () Underground () Overhead ()  
Permanent Service: Underground () Overhead () Service Size: 200 Amps  
Dean Electrical LLC 919-667-6063  
Electrical Contractor's Company Name Telephone  
2837 Baptist Grove Rd. Fuquay 29839-4  
Address License #  
Austin Dean by KB  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Number of Units 2 Type System HP Mechanical Cost \$ \_\_\_\_\_  
JC's Heating & Air Conditioning Ser. 919-552-3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephenson Rd. Fuquay H-3 12655  
Address License #  
Allen Carroll by KB  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New  
Number of Baths 2.5 Plumbing Cost \$ \_\_\_\_\_  
LR Glover Plumbing Inc 919-894-5892  
Plumbing Contractor's Company Name Telephone  
PO Box 764 Benson, NC PO 7958  
Address License #  
Lee Glover by KB  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential () Other () Not Required ()  
Insulating Inc. Zaleigh, NC 919-779-9000  
Insulation Contractor's Company Name Address Telephone

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**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 Division of any and all changes.

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

\_\_\_\_\_  
Date

5-23-19

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: Keith Bufford Builders Inc  
By/Title: [Signature] President  
Date: 5-23-19