

Application # <u>SFD 1907- 0001</u>

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 & p informati

## Application for Residential Building and Trades Permit

on on license.	71 7
Owner's Name: Dinh TRah	Date: 08/04/19
Owner's Name: Oinh TRan Site Address: 93 lot Keith holls Dr. Wington	Nc Phone: 919 721 6646
Subdivision: Keith Wills golf Clue	Lot: 93
Description of Proposed Work: Single family	
General Contractor Information	l .
Dinh Ran	919 7216646
Building Contractor's Company Name	Telephone
Building Contractor's Company Name  6443 NC 210 M. Angren NC 2750    Address	Chh Tran 1973 C Yahoo, Com Email Address
License #	*
Description of Work Single fam. Duraling New Service Size:2	n Non Assault Palas (IV)
Description of Work 7/10/10 tam. June line New Service Size:2	Amps I-Pole: 14 Yes 1 No
Electrical Contractor's Company Name	910 - 670 - 7942 Telephone
3651 Phillippi Ch Rd Raford NC 28376	Aruse alactic O compil. 1000
Address	Aruss. electric Q ymail. com Email Address
Mechanical/HVAC Contractor Inform	nation
Description of Work Single family HVAC	
Mechanical Contractor's Company Name	Telephone  Palarbearhouny -air Com Email Address
P.O BOX 981 Coals NC 27521 Address	palarbearhouny -aira Com
	Email / daloss
License # 30048	
Plumbing Contractor Informatio	<u>on</u>
Description of Work Single family 3 bath new house	_# Baths3
Description of Work Single family 3 bath new house.  Pavamount plumbing 1-1-C  Plumbing Contractor's Company Name 27546	<u>919-701 - 284</u> 4 Telephone
Plumbing Contractor's Company Name 0 27546  181 anna St Villington NC 2840  Address	Bill. Bara mold NT. TRUMBING Email Address
1.33809	@ grail. com
License # Insulation Contractor Information	nn .
Insulation Contractor's Company Name & Address	Telephone
Elo Mater Insulation Contractors Insulation Contractor's Company Name & Address 3601 Stonybrook Dr. Suite 192 Raleiz	hNC 27604
*NOTE: General Contractor / owner must fill out and sign the	



**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.

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 Inspections Department

daress and	Parcel Identification of Real Property Where Building is to be constructed of Active.		
10+	93 Keith hills pr. Willington NC 27546		
	Din H TROM (Print Full Name)		
	an exemption from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the relevant provision in paragraph 1 and graphs 2-5 below and attesting to the following:		
1.	I certify that I am the owner of the property set forth above on which this building is to be		
	constructed or altered; OR		
	Lam 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:  );		
2.	I will personally superintend and manage all aspects of the construction or alteration of the building		
2.	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;		
3.	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;		
4.	Lunderstand 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.		
5.	The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.		
6.	This AFFIDAVIT applies to the following trades:		
0.	Building Electrical Mechanical Plumbing		
7.	The total cost of this project is \$ 200,000		
	(1-) oh TRan 08/05/19		
-	(Signature of Affiant) Date		
Swor	to (or affirmed) and Subscribed before me this the day of August 2019.		
	1 59.0		
Signa	ure of Notary Public		
P	ENN P Cyles		
Printe	d Name of Notary Public		
	ommission Expires: April (2021 (Notary Stamp or Seal)		
(NOT	: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law – G.S. 14-209)		
	11/Man.		