

* 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: SOUTH-SCAN INC. Date: 11/07/19
 Site Address: 160 LAKE FOREST TERRACE SANFORD, NC Phone: 919-368-5405
 Directions to job site from Lillington: HWY 27 WEST TO BUFFALO LAKE RD, TURN INTO CAROLINA LAKES. START LEFT AFTER THE GATEHOUSE DRIVE TO CUGAR WATER HARBOUR ENTRANCE. STAY ON LAKELAND POINTE TO LEFT ON LAKE FOREST
 Subdivision: CAROLINA LAKES Lot: #147
 Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 4
 Heated SF: 2367 Unheated SF: 832 Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

SOUTH-SCAN, INC 919-368-5405
 Building Contractor's Company Name Telephone
3128 GOLD OUST, LN WILLOW SPRING, NC 27592 LLinfo@gmail.com
 Address Email Address
36169
 License #

Electrical Contractor Information

Description of Work ALL ELECTRICAL Service Size: 200 Amps T-Pole: Yes No
WESTER+PACC ELECTRICAL, INC. 919-499-3946
 Electrical Contractor's Company Name Telephone
546 LGS LIE RD SANFORD, NC 27332
 Address Email Address
12007-V
 License #

Mechanical/HVAC Contractor Information

Description of Work ALL HVAC
CERTIFIED HEATING + AIR COND. INC. 910-858-0092
 Mechanical Contractor's Company Name Telephone
PO BOX 1071 HOPE MILLS, NC 28348
 Address Email Address
20012
 License #

Plumbing Contractor Information

Description of Work ALL PLUMBING # Baths: 3
L.R. GLOVER PLUMBING CO. INC. 919-820-0026
 Plumbing Contractor's Company Name Telephone
PO BOX 764 BENSON, NC 27504
 Address Email Address
 License #

Insulation Contractor Information

TRI-CITY INSULATION + BUILDING PRODUCTS 910-486-8855
 Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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.

BJC
Signature of Owner/Contractor/Officer(s) of Corporation

11/07/19
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: SOUTH-SCAN, INC.

Sign w/Title: BJC: VP Date: 11/07/19