

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: James Howard Date: 6/4/20  
Site Address: 796 Graham Rd Sanford NC 27332 Phone: 919-895-8621  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: 28x76 off frame mod. w 6x3 porch #Bedrooms: 3  
Heated SF 2077 Unheated SF 180 Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab ( )

**General Contractor Information**

TOL Vanderbuilt LLC Telephone 919-770-4113 (Woody)  
Building Contractor's Company Name  
3300 Jefferson Davis Hwy Sanford NC 27332 License # 43964  
Address [Signature]

Must sign & fill out second page

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps TPole: yes/no  
Carolina Power Gen. Inc. Telephone 910-947-7707  
Electrical Contractor's Company Name  
3700 Hwy 15/501 Curthage NC 28327 License # 32340  
Address [Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_ Telephone 910-947-7707  
Carolina Air Heat & Cool Inc.  
Mechanical Contractor's Company Name  
3700 Hwy 15/501 Curthage NC 28327 License # 23549  
Address [Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
HR Curtis Telephone 919-770-0168  
Plumbing Contractor's Company Name  
6314 Carborston Rd Sanford NC 27330 License # 10924  
Address [Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed?    \_\_\_ yes    \_\_\_ no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project?    \_\_\_ yes    \_\_\_ no
- 3. Do you intend to directly control & supervise construction activities? \_\_\_ yes    \_\_\_ no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?    \_\_\_ yes    \_\_\_ no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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, 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.

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

6/4/20  
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.

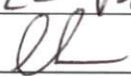
\_\_\_ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: TCC Vanderbilt LLC

Sign w/Title:  Officer/Agent Date: 6/4/20