

* 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: 01/26/20

Site Address: 835 COACHMAN WAY SANFORD, NC 27332 Phone: 919-368-5405

Directions to job site from Lillington: HWT 27W TO BUFFALO LAKE RD TO CAROLINA WAY RT TO COACHMAN WAY LEFT ON COACHMAN WAY TO LOT ON LEFT

Subdivision: CAROLINA LAKES Lot: 64 BLKS

Description of Proposed Work: NEW CONSTRUCTION # of Bedrooms: 4

Heated SF: 3001 Unheated SF: 1329 Finished Bonus Room? Y Crawl Space: Y Slab:

General Contractor Information

SOUTH-SCAN, INC. Building Contractor's Company Name Telephone 919-368-5405

3128 GOLD DUST LN WELLS SPRING, NC 27592 Address Email Address trinfo@gmail.com

36169 License #

Electrical Contractor Information

Description of Work ALL ELECTRICAL Service Size: 200 Amps T-Pole: Y Yes No

WESTER+PACE ELECTRICAL, INC. Electrical Contractor's Company Name Telephone 919-499-3946

546 LESLIE RD SANFORD, NC 27332 Address Email Address

12007-V License #

Mechanical/HVAC Contractor Information

Description of Work ALL HVAC

CERTIFIED HEATING+AIR COND. INC. Mechanical Contractor's Company Name Telephone 910-858-0092

PO BOX 1071 HOPE MILLS, NC 28348 Address Email Address

20012 License #

Plumbing Contractor Information

Description of Work ALL PLUMBING # Baths

L.R GLOVER PLUMBING, INC. Plumbing Contractor's Company Name Telephone 919-820-0026

PO BOX 764 BENSON, NC 27504 Address Email Address

License #

Insulation Contractor Information

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

*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.

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

01/26/20
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: SOUTH-SCAN, INC.

Sign w/Title: BT: [Signature] VP

Date: 01/26/20

NOTE: General Contractor must fill out and sign the second page of this application.
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