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

Owner's Name: Keith Bullock Builders Address: 72 President Address:	Number 910-893-4759
Application for B	Hilding and Tool B
Owner's Name: Keith Bullock Buildes	Date: 6-15-2020
Directions to lon site. Way 401 11	2: 1
Husy Il Turn Right on Briz	Evil Rd Lot on Right 1/4 mile.
Subdivision:	
Gonstruction Type: (Please Check)	Lot: Building Use: (Please Check)
A INCH	Residential
Renovation Addition	_ Modular
Moved House	_ Commercial _ Multi-Family
Other	
Description of Proposed Work: New sind	e-Family
Total Project Cost: 300,000	
Duilding B	
Heated SF 29/14 Crawl Space (1)	mit Information uilding Construction Cost \$ 300,000
Unheated SF 960Slab ()	cres Disturbed _, <> Stories _ 2
Leith Bullock Ruilders Inc	919-427-4628
Building Contractor's Company Name	Telephone
Address	47504
4 Bullock	License #
Signature of Officer(s) of Corporation	
Description of WorkNew	rmit Information
TS Pole: Yes () No () Underground () O	Electrical Cost \$
Permanent Service: Underground (1) Overhead	() Service Size: 200 Amps
DEAN Electo-CALLC	919-669-6063
Electrical Contractor's Company Name.	Telephone
Address / Pugut	29839-4 License #
Austin Dean to Killer	Licerise #
Signature of Officer(s) of Corporation	
Machanias I Ba	
Description of Work New	rmit information
Number of Units Type System	Mechanical Cost \$
JCS Heating & A Conditioning Servi	cc 919-552-3053
Mechanical Contractor's Company Name	Telephone
Address	H-3 12455 License #
Allaw Caroll by Lollak	LISSING #
Signature of Officer(s) of Corporation	
Diambing Dow	mi4 lafa
Description of Work _ $\lambda e \omega$	nit Information
Number of Baths 3	Plumbing Cost \$
LR Glover Plunking the	919-894-5892
Plumbing Contractor's Company Name Po Box 764 Berson	Telephone
Address	Po 7958 License #
Lee Gloves by & Bellack	Licerse #
Signature of Officer(s) of Corporation	
Imagilatia - B	16 1-6
Residential (*) Other () Not Required ()	ili information
Insulative Inc.	aleich NL 919-779-9000
Insulation Contractor's Company Name Addr	

Dana 1 of 3

12/01

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

The undersigned applicar	nt for Building Permit # SFDDD06-000 being the:
Contract	or
	gent of the Contractor or Owner
Do hereby confirm under performing the work set for	er penalties of perjury that the person(s), firm(s) or corporation(s) or the permit:
Has/hav	e three (3) or more employees and has/have obtained workers' sation insurance to cover them.
Has/have	e one (1) or more subcontractors(s) and has/have obtained workers' sation insurance to cover them.
Has/have workers'	one (1) or more subcontractors(s) who has/have their own policy of compensation insurance covering themselves.
Has/have	not more than two (2) employees and no subcontractors.
compensation insurance pr	ect for which this permit is sought it is understood that the Central suing the permit may require certificates of coverage of worker's for to issuance of the permit and at any time during the permitted work reporation carrying out the work.
Firm Name: Keith 8	bullock Bilders, Inc.
By/Title: Fresident	
Date: 6-15-2021	

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? I hereby certify that I have the authority to make necessary application, that the application is

rereby 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

6-15-2020 Date