

Application for Building and Trade Permit

Owner's Name: Keith Bullock Builders Inc Date: 7-1-2020
Address: 72 Overlook Ct Angier NC Phone: 919-427-4628
Directions to job site: Hwy. 210 N - Rt. on Old Coats Rd. - Straight on Sheriff Johnson Rd. - Lot on Right past Walker Auto.

Subdivision: Shaun Bullock Minor Lot: 1

Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: Single Family
Total Project Cost: \$140,000

Building Permit Information

Heated SF 1400 Crawl Space
Unheated SF 484 Slab
Building Construction Cost \$ 140,000
Acres Disturbed .5 Stories 1
Keith Bullock Builders Inc 919-427-4628
Building Contractor's Company Name Telephone
72 Overlook Ct Angier NC 47504
Address License #
Keith Bullock
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Dean Electric LLC 919-669-6063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd. Fuquay 29839-4
Address License #
Austin Dean by KBullock
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Mechanical Cost \$ _____
Number of Units 2 Type System HP
JC's Heating & Air Conditioning Service 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd. Holly Springs H-3 12655
Address License #
Allan Carroll by KBullock
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Plumbing Cost \$ _____
Number of Baths 3
LR Glover Plumbing Inc 919-894-5892
Plumbing Contractor's Company Name Telephone
PO Box 764 Benson 707958
Address License #
Lee Glover by KBullock
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required
Insulating Inc. Raleigh NC 919-779-9000
Insulation Contractor's Company Name Address Telephone

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

The undersigned applicant for Building Permit # SFD2006-0038 being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: Keith Bullock Builders, Inc
By/Title: President
Date: 7-1-2020

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? 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, 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

Date

7-1-2020