

Application for Building and Trade Permit

Owner's Name: Benjamin Stult Real Estate Services, Inc. Date: _____
Address: Darroch Rd. Lillington NC 27546 Phone: 910-779-0019
Directions to job site: _____

Subdivision: Darroch Rd. Lot: 2-A

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

Description of Proposed Work: New SFR
Total Project Cost: \$ 200,000.00

Building Permit Information

Heated SF _____ Crawl Space Building Construction Cost \$ 200,000.00
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____
Same as Owner Telephone 910-779-0019
Building Contractor's Company Name Telephone 6916 33-11
PO Box 53798, Fayetteville, NC 28305 License # _____
Address _____

Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work New Install Electrical Cost \$ _____
TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: _____ Amps
Pioneer Electric Telephone 919-499-7767
Electrical Contractor's Company Name Telephone 21643-11
80 Neill Thomas Rd. Lillington NC 27546 License # _____
Address _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work New Install Mechanical Cost \$ 7,500.00
Number of Units 1 Type System split
Certified Heating and Air Condition Telephone 910-858-0000
Mechanical Contractor's Company Name Telephone 2001243-C1
PO Box 10711 Hope Mills NC 28348 License # _____
Address _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work New Install Plumbing Cost \$ _____
Number of Baths _____ Plumbing Contractor's Company Name Telephone 910-429-9939
Dell Haire Plumbing Telephone 32886 P-1
620 Gillespie St. Fayetteville NC 28306 License # _____
Address _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
Tricity Address 334 Mountain Dr. Fay, NC 28306 Telephone 910-486-8855
Insulation Contractor's Company Name _____

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

B Stt

5/19/2020

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

Date

N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ 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: BRESSIAC
By/Title: JW, President
Date: 5/19/2020