

Application for Building and Trade Permit

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

Subdivision: Sharon R Bullock Lot: 4
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: 155,000

Building Permit Information

Heated SF 1548 Crawl Space
Unheated SF 500 Slab
Building Contractor's Company Name: Keith Bullock Builders Inc
72 Overlook Ct Angier NC
Address: K Bullock
Signature of Officer(s) of Corporation
Building Construction Cost \$ 155,000
Acres Disturbed .25 Stories 1
919-427-4628
Telephone: 47504
License #

Electrical Permit Information

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

Mechanical Permit Information

Description of Work New
Number of Units 1 Type System HP Mechanical Cost \$ _____
JC's Heating & Air Conditioning Service
Mechanical Contractor's Company Name: 919-552-3053
1539 Wade Stephenson Rd. Holly Springs
Address: H-3 12655
Signature of Officer(s) of Corporation: Allen Carroll by K Bullock
License #

Plumbing Permit Information

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

Insulation Permit Information

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

**Affidavit for Worker's Compensation
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: Keith Bullock Builders Inc

By/Title: [Signature]

Date: _____

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 _____