Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owners Name Stephenson Builders Irc.		Date 7 20/2012
Site Address (0) Sweet Home Ct Lillingt	WPhone	9197307802
Directions to job site from Lillington Hay 401 H. Left onto margon farm drise.		
a I mile from hospital an left.		
	7	
Subdivision Morgan Farm	Lot	17
Description of Proposed Work New Single Family Home # of Bedrooms 4		
Heated SF 2576 Unheated SF 500 Finished Bonus Room? Yes Crawl Space Slab General Contractor Information		
Stephenson Builders Tor Building Contractor's Company Name	919-730 Telephone	C07(-
1187 N Releigh St. Angres NE 27501 cln	Email Address	u builders, com
53664 · · ·		
Description of Work Home Service Size	OOO Amns T.I	Pole / Ves No
		0063
Austin Dean Electrical Contractor Electrical Contractor's Company Name	Telephone	(43)(6.5)
2793 Baptist Grave Rd. Fugury 27526 Address	Email Address	O Dychoo.com
L 29839		y *
License # Mechanical/HVAC Contractor Information		
Description of Work New Home	919-552	. 3853
Mechanical Contractor's Company Name	Telephone	
1539 Wade Stephenson Road Holly Spritys 27510		
Address	Email Address	
12655 License #		
Plumbing Contractor Information	_)	5
Description of Work Candon's Plumbing and Pepair	_# Baths	•
New Home	919.557	1584
Plumbing Contractor's Company Name	Telephone	
Address Address	Email Address	
18903		
License # Insulation Contractor Information		
Stokens Building Products	919 630 Telephone	8365
Insulation Contractor's Company Name & Address	. oropriorio	

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 Signature of Owner/Contradtor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner General Contractor 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