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

Owner's Name Stephenson Builders Tox.		_ Date 21.12.1
Site Address 84 Simply Country Lane	Phone	9197307802
Directions to job site from Lillington Hay 401 H. Left ordo margon farm drive		
a I mile from hospital on left		
Subdivision Morgan Farm	Lot _	26
Description of Proposed Work New Single Family Home		Bedrooms 3
Heated SF 3576 Unheated SF 900 Finished Bonus Room? Crawl Space Slab General Contractor Information		
Sheatenson Builders Toc. Building Contractor's Company Name	719-730 Telephone	C03(-)
1187 N Releigh St. Angree NE 27501 clre Address	Email Address	a builders com
5360Y		
Description of Work Home Service Size	200 Amps T	-Pole YesNo
Austin Dean Electrical Contractor	919.669.	0063
Electrical Contractor's Company Name	Telephone	
2793 Baptist Grave Rd. Fugury 27526 Address	Email Address	30 Dyahoo.com
L 29839		
License # Mechanical/HVAC Contractor Information		
Disamples of Work of a . Hame		25.00
Description of Work New Home	919-55	2. 3053
Mechanical Contractor's Company Name	Telephone	
1539 Wade Stephenson Road Holly Sprilys 27510	= 1 Address	
Address	Email Address	•
12655 License #	*	
Plumbing Contractor Information	<u>n</u>	
Description of Work Candon's Plumbing and Repair	# Baths 2.5	5
New Home K	919 - 557	-1584
Plumbing Contractor's Company Name	Telephone	
7229 Ock Villey Way Figury 27526 Address	Email Address	3
18903		
License # Insulation Contractor Information	n	2.*:
	919 630	8365
Insulation Contractor's Company Name & Address	Telephone	

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/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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 Company or Name Sign w/Title