

09/09/11

Application #

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Stephenson Builders Inc Date 3/05/11
Site Address 239 Morgan Farm Dr. Lillington Phone 919 730 7802
Directions to job site from Lillington Hwy 401 N. Left onto Morgan Farm drive @ 1 mile from hospital on left.

Subdivision Morgan Farm Lot 12
Description of Proposed Work New Single Family Home # of Bedrooms 4
Heated SF 3619 Unheated SF 1400 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Stephenson Builders Inc 919-730-7802
Building Contractor's Company Name Telephone
1157 N Raleigh St. Angier NC 27501 crew@stephensonbuilders.com
Address Email Address
53604
License #

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No
Austin Dean Electrical Contractor 919-669-0063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd. Fuquay 27526 aidean4330@yahoo.com
Address Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
J.C.'s Heating and Air Conditioning 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Road Holly Springs 27510
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work Camden's Plumbing and Repair # Baths
New Home 919-557-1584
Plumbing Contractor's Company Name Telephone
7229 Oak Village Way Fuquay 27526
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Building Products 919 630 8365
Insulation Contractor's Company Name & Address Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

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

*Stephenson Builders Inc.*  
Signature of Owner/Contractor/Officer(s) of Corporation

3/05/21  
Date

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

The undersigned applicant being the

General 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 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 Stephenson Builders Inc.

Sign w/Title *Stephenson* President Date 3/05/21