

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # SFD 2302.0002

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Clark & Kathy Johnson Date: _____

Address: 25 Doug Johnson Lane Angier NC 27501 Phone: 919 754 7222

Directions to job site from Lillington: 421 Thru Buies Creek, left on 27E Thru 2-4 way stops onto old Stage Rd to 4 way stop at 55, left on 55 1/2 mile on right

Subdivision: N/A Lot: N/A

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

Total Project Cost: 60,000.00 Description of Proposed Work: New Home

General Contractor Information

Heated SF 650 Crawl Space () Building Construction Cost \$ 60,000.00
Unheated SF 200 Slab () Acres Disturbed 1/2 acre Stories 1

Bim Builders LLC 919-524-5852
Building Contractor's Company Name Telephone

6187 NC 27 East Coats NC 27521 50541
Address License #

Danny Pollard
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work Complete Electrical Electrical Cost \$ 5100.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

Byrd's Electric 919 669 3843
Electrical Contractor's Company Name Telephone

143 Mingo Road 20256-L
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Complete HVAC
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 8400.00

J & M Heating and A/C 910-897-5501
Mechanical Contractor's Company Name Telephone

724 Turlington Road Dunn 28334 17164
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Complete
Number of Baths 1 bath Plumbing Cost \$ 6400.00

Wiliford 919 915 0533
Plumbing Contractor's Company Name Telephone

3084 Baily Rd Benson NC 30747
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Garcia Insulation 1136 Bluegrass Rd Selma 919 422 2765
Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

| | |
|---|------------------------------|
| Sprinkler Contractor's Company Name <u>N/A</u> | Contact & Telephone _____ |
| Address _____ | License # _____ |
| Signature of Officer(s) of Corporation _____ | |

Fire Alarm System Information

| | |
|--|------------------------------|
| Fire Alarm Contractor's Company Name <u>N/A</u> | Contact & Telephone _____ |
| Address _____ | License # _____ |
| Signature of Officer(s) of Corporation _____ | |

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

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 Department of any and all changes.

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

June 20th 2023
Date

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

The undersigned applicant for Building Permit # _____ 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/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: Bim Builders LLC

Sign/Title: Danny Pellard

Date: June 20th 2023