

\* 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 # 20579

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: Jon Banker Date: 8-5-08

Site Address: \_\_\_\_\_ Phone: 910-893-3302

Directions to job site from Lillington: Hwy 210 toward Angier, RT. on "Sheriff Johnson Rd". Go approx. 4-5 miles, LT. on Mitchel Rd., House 600ft. on RT.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Bedroom / Bathroom #Bedrooms: \_\_\_\_\_

Heated SF 272 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab ( )

**General Contractor Information**

Jeffrey L. Pope 910-814-7475  
Building Contractor's Company Name Telephone

2568 Old Buies Creek Rd. Angier, N.C. 41084  
Address License #

Jeffrey L. Pope Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work wire bed & bath Service Size: \_\_\_\_\_ Amps TPole: yes  no

Wes Matthews Residential Serv. 919-868-8187  
Electrical Contractor's Company Name Telephone

5781 Rawls Church Rd. Fuquay-Varina 21204  
Address License #

Wes Matthews  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work Add vents  
Indoor Comfort 910-897-1853  
Mechanical Contractor's Company Name Telephone

1953 Old Stage Road Erwin, N.C. H3-17615  
Address License #

Ordey Wooten  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New bathroom # Baths 1

R.L. Holland Plumbing 919-669-2073  
Plumbing Contractor's Company Name Telephone

554 Homestead Ln. Angier 11687  
Address License #

Bucky Holland  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Insulation Inc.  
Insulation Contractor's Company Name & Address Telephone

**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

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, 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.

Jeffrey L. Pope  
Signature of Owner/Contractor/Officer(s) of Corporation

7-31-08  
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: Jeffrey L. Pope

Sign w/Title: Jeffrey L. Pope Owner    Date: 7-31-08



Plan Box Number FILE

Job Name BARKER/JEFF POPE

Date: 8-5-08

Required Inspections for SFA/SFD

Appl. # 0850020579

Valuation \$17,672

Sq. Feet 272

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit