

* 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 #

22778

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: Adam Wilborn Date: 09/04/09

Site Address: 54 Robert Branch Circle, Lillington, NC Phone: 919-552-4520

Directions to job site from Lillington: 401 North, right onto Mill Branch Drive, left onto Robert Branch Circle, 3rd house on right (light green)

Subdivision: Mill Branch Lot: 24

Description of Proposed Work: finish bonus room #Bedrooms: 4

Heated SF 2400 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation _____

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

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.

Ad Wilk
Signature of Owner/Contractor/Officer(s) of Corporation

09/04/09
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: _____

Ad Wilk
Sign w/Title: _____

09/04/09
Date: _____

HARNETT COUNTY CENTRAL PERMITTING

APPLICATION #

0950022778

JOB NAME

Wilson

DATE PLANS RECEIVED

9/9/09

SITE PLANS APPROVED

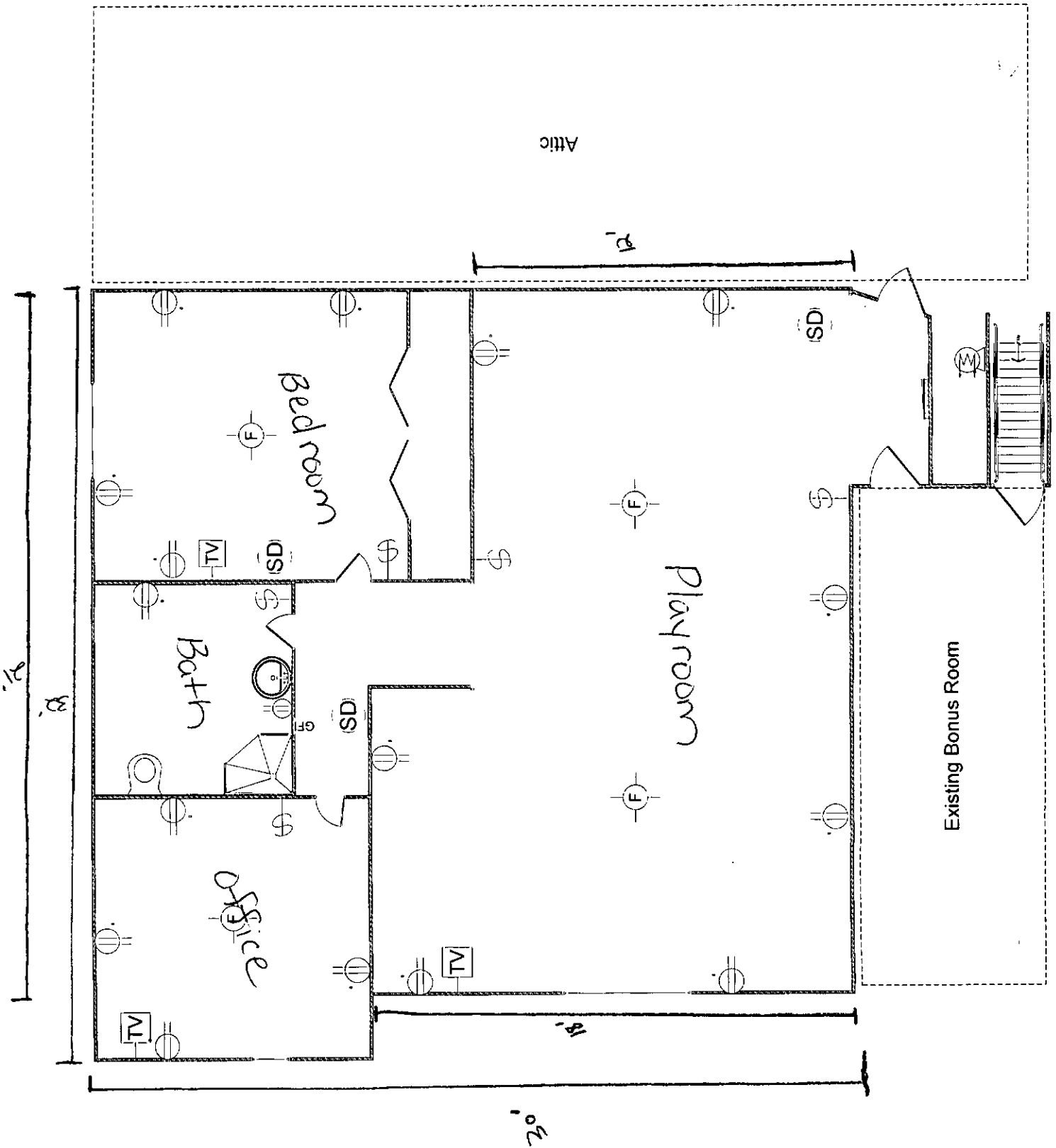
9-18-09

APPROVED BY

K88

File

Finish Bonus Room



Plan Box Number FILE

Job Name WILBORN

Date: 9-9-09

Required Inspections for SFA/SFD

Appl. # 09,500 22778
Valuation \$ 35,086
Sq. Feet 540

Sequence

10 _____	R* Bldg. Footing
10-30 _____	R* Elec. Temp Service Pole
20 _____	R* Building Foundation
20 _____	Address Confirmation
30-999 _____	Open Floor
30-999 _____	R* Bldg. Slab Insp.
30-999 _____	R* Elec. Under Slab
30-999 _____	R*Plumb. Under Slab
40 _____ ✓	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 _____ ✓	R* Insulation
60 _____ ✓	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 _____ ✓	Envir. Operations Permit