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

19500235

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

, 1001/30	Phone 910-893-7525 Fax 910-89	3-2793 www.harnett.org	SCANNED		
	Application for Residential Buil	ding and Trades Permit	114-12		
	Owner's Name: Tyler Oliver	Date:	DATE		
	Site Address: 32 Holly Oak Gr Bunkere	L Phone: <u>910-922-1105</u>	_		
	Directions to job site from Lillington: Hun 210's to 4	ennel Black Rd. turn Right	_		
	3 miles to Formest Oaks subdivision		_		
	on nother 2nd house on right.	<i>-</i>	_		
	Subdivision: Forcet Oake	Lot: 42	_		
	Description of Proposed Work: Finish upstairs bonns/halh/bu) #Bedrooms: 1				
	Heated SFFinished Rec F	Room? Y Crawl Space () Slab 🖄		
	General Contractor	710 892-5524			
		lephone			
	- × (28356 55839	NC		
	Address	License #	_		
	Signature of Owner/Contractor/Officer(s) of Corporation	st sign & fill out second page			
. 1	Electricali Permittir	formation			
lain	Description of WorkService Sta	eAmps TPole: yes/no			
	#Electrical Contractor's Company Name	lephone	_		
- Dine			_		
Hour"	Address	License #	_		
	Signature of Officer(s) of Corporation				
Mechanical Permit Information					
CB	Description of Work Install HVAC up	Steevi	. ~ /		
12-10	Tropa Salsan Hooking	919-894-444	8		
10	Mechanical Contractor's Company Name	Telephone 72 Sax			
	2 46 Skeet Range RS. Croats W	<u> </u>	-		
	Darch TCeles				
	Signature of Officer(s) of Corporation				
1	Description of Work Finish Plumbing Bone	ITOTMATION			
		323-4060	_		
	ABC Plumbing Plumbing Contractor's Company Name	Telephone			
	Russell ST FAYETTEVILLE,	NC	_		
•	Address	€Uicenser#4	7		
<	Signature of Officer(s) of Corporation				
	Insulation Permit In	<u>formation</u>			
	Cumberland Insulation Co. 40	05 C/inton RD 484-711	8		
4	Insulation Contractor's Company Name & Address	es Clinton RD 484-711 yelkville NC Telephone			
		1			

Α	ρį	olication #	

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)					
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					
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?					
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?					
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.					
Signature of Owner/Contractor/Officer(s) of Corporation Date					
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
Affidavit for Worker's Compensation N.C.G.S. 87-14					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
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					
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:					
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					
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. Whas one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
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. Whas 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					

Plan Box Number FILE

Job Name TYLER OLIVER

Date: ___12-31-09

Required Inspections for SFA/SFD

Appl. # 09-5-23514 Valuation \$38983 Sq. Feet 600

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 x	Four Trade Rough In
40	Four Trade Rough In> 2500
40 x	Three Trade Rough In
40	Three Trade Rough In> 2500
40 x	Two Trade Rough In
40	Two Trade Rough In> 2500
40 x	One Trade Rough In
40	One Trade Rough In > 2500
50 x	R* Insulation
60 x	Four Trade Final
60	Four Trade Final > 2500
60 x	Three Trade Final
60	Three Trade Final > 2500
60 x	Two Trade Final
60	Two Trade Final > 2500
60 x	One Trade Final
60	One Trade Final > 2500
999x	Envir. Operations Permit