

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

Harnett County Central Permitting
PO Box 85 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: John + Tonya Reilly Date: 10/29/10
Site Address: 2574 Norcington Rd. Lillington Phone: 910-985-0713
Directions to job site from Lillington: 210 Leany Lillington toward Spring Lake. Turn at Darroch Rd (LT) on Norcington Rd 2574 on (RT)

Subdivision: N/A Lot: _____
Description of Proposed Work: Bathroom addition # of Bedrooms: _____
Heated SF: 224 Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

Horizon Building Solutions Telephone: 919-669-8773
Building Contractor's Company Name
5741 Spence Farm Rd Holly Springs NC 27540 Email Address: SLW5741@yahoo.com
Address: _____ License #: 39941
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work: Wire Bathroom Service Size: 7 Amps T-Pole: Yes No
Dawson Electrical Inc Telephone: 919-201-3841
Electrical Contractor's Company Name
2754 Cokebury Rd FV NC 27526 Email Address: _____
Address: _____ License #: 25948-L
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work: DRS Services Add vents in new bath
DRS Services Telephone: 919-968-7277
Mechanical Contractor's Company Name
7824 Olde Pender Way Willow Springs NC Email Address: _____
Address: _____ License #: 16569
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work: Plumb in new bath # Baths: 1
Wagner Plumbing Telephone: 910-891-8114
Plumbing Contractor's Company Name
P.O. Box 494 Mamas NC Email Address: _____
Address: _____ License #: 07674
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Tri-City Telephone: 910-486-8855
Insulation Contractor's Company Name & Address: 334 E. Mountain Dr. Fayetteville

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

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.

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.

Scott Wood
Signature of Owner/Contractor/Officer(s) of Corporation

10/29/10
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: Horizon Building Solutions Inc

Sign w/Title: Scott Wood / President Date: 10/29/10

Plan Box Number C2

Job Name Riley

Date: 7-12-10

Upper Little River

Required Inspections for SFA/SFD

Appl. # 10-50024753

Valuation 14488

Sq. Feet 223

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20		Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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