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

Application # 10500 2555 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: JEFF & GENTRY DOGGEN DORF | Date: <u>11/4//D</u> | |
|---|----------------------------------|--|
| Site Address: 104 LONNIE BETTS DR. | | |
| Directions to job site from Lillington: Hest 401 N. To Chinese | TIMES LIGHT RD TL - GO | |
| TO HEAT 42 TL - LOUDIE BETTS DR. | | |
| Durano Juperion | | |
| Subdivision: AUSTION FARMS | Lot: 7 | |
| Description of Proposed Work: Ann Bratemen & CLOSET/STO | | |
| Heated SF: <u>20</u> Unheated SF: Finished Bonus Room? | - | |
| General Contractor Information | | |
| BOODST HOMES INC. | (919) 368-8803 | |
| Building Contractor's Company Name | Telephone | |
| 6432 Lettertes Ro. FUQUE - VARIAN, NC 27526 | FBOOLE NC. PR. COM | |
| Address | Email Address | |
| 81gnature of Owner/Contractor/Officer(s) of Corporation | <u>65505</u> License # | |
| Electrical Contractor Information | | |
| Description of Work Will BAATER E STORAGE Service Size: | 토네의 Amps T-Pole:Yes <u>×_</u> No | |
| REY DRAW FLEGTRIC | 552-4282 | |
| Electrical Contractor's Company Name | Telephone | |
| 8039 KENNEREC RD. WILLOW SPANS NC | | |
| Address | Email Address | |
| View Dra | 5748 | |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # | |
| Mechanical/HVAC Contractor Inform | ation | |
| Description of Work ADD TWO SUPPCE UNES | | |
| J.C.'S HEAT & AIR | 552-6258 | |
| Mechanical Contractor's Company Name 27540 | Telephone | |
| 1539 WADE STEPHEDSON RO. HOLT SHOUGS ALC | | |
| Address Address Address | Email Address | |
| - Juni Cairolo | <u> 2655</u> License # | |
| Sighature of Owner/Contractor/Onter(s) of Corporation Plumbing Contractor Information | | |
| | # Baths | |
| Description of Work An o Broubecom | | |
| EVANS PLUMEING Plumbing Contractor's Company Name | <u> </u> | |
| | relepitone | |
| 102 SIGMA DR GARDER NC 27529 Address | Email Address | |
| De Even | - | |
| Signature of Owner/Contractor/Officer(s) of Corporation | <u>07035</u> License # | |
| Insulation Contractor Information | | |
| INSUCATING LUC 1212 HOME CE. RACEGEE NC 276 | 3 772-9000 | |
| Insulation Contractor's Company Name & Address | Telephone | |

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

| Have you hired or intend to hire an individual to superintend and anage construction of the project?YesNo Do you intend to directly control & supervise construction activities?YesNo Do you intend to schedule, contract, or directly pay for all phases of onstruction work to be done?YesNo Do you intend to personally occupy the building for at least 12 consecutive ionths following completion of construction and do you understand that if oud on to do so, it creates the presumption under law that you fraudulently ecured the permit?YesNo hereby certify that I have the authority to make necessary application, that the application is correct ind that the construction will conform to the regulations in the Building, Electrical, Plumbing and techanical codes, and the Hamett County Zoning Ordinance. I state the information on the above number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use inarges, I certify it is my responsibility to notify the Hamett County Central Permitting Department of ny and all changes. WorkerT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee as per current fee schedule. | | |
|---|---|---|
| Have you hired or intend to hire an individual to superintend and anage construction of the project?YesNo Do you intend to directly control & supervise construction activities?YesNo Do you intend to schedule, contract, or directly pay for all phases of onstruction work to be done?YesNo Do you intend to personally occupy the building for at least 12 consecutive ionths following completion of construction and do you understand that if oud on to do so, it creates the presumption under law that you fraudulently ecured the permit?YesNo hereby certify that I have the authority to make necessary application, that the application is correct ind that the construction will conform to the regulations in the Building, Electrical, Plumbing and techanical codes, and the Hamett County Zoning Ordinance. I state the information on the above number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use inarges, I certify it is my responsibility to notify the Hamett County Central Permitting Department of ny and all changes. WorkerT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee as per current fee schedule. | Please answer the following questions then see a Permit Technician to determine if you qualify for | permit under Owners Exemption. |
| anage construction of the project? YesNo . Do you intend to directly control & supervise construction activities? YesNo . Do you intend to schedule, contract, or directly pay for all phases of onstruction work to be done? YesNo . Do you intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to personally occupy the building for at least 12 consecutive intend to be done? . Do you intend to personally occupy the building for at least 12 consecutive intend to personally to construction and do you understand that if the construction will conform to the regulations in the Building. Electrical, Plumbing and technical codes, and the Harnett County Contractor. I state the information on the above ontractor is correct at known to me and if any changes occur including listed ontractors, site plan, under pensibility to notify the Harnett County Central Permitting Department of y and all changes. WHRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee as per current fee schedule. | 1. Do you own the land on which this building will be constructed? | YesNo |
| Do you intend to schedule, contract, or directly pay for all phases of onstruction work to be done?YesNo Do you intend to personally occupy the building for at least 12 consecutive ionths following completion of construction and do you understand that if ou do not do so, it creates the presumption under law that you fraudulently secured the permit?YesNo hereby certify that I have the authority to make necessary application, that the application is correct ad that the construction will conform to the regulations in the Building. Electrical, Plumbing and echanical codes, and the Harmett County Zoning Ordinance. I state the information on the above number of bedrooms, building and trade plans. Environmental Health permit changes or proposed use anges, I certify it is my responsibility to notify the Harnett County Central Permitting Department of ny and all changes. If the Winer/Contractor/Officer(s) of Corporation Date Afridavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the: General Contractor OwnerOfficer/Agent of the Contractor or Owner o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation (s) performing the work tf orth in the permit. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover term. Has no more than two (2) employees and no subcontractors. /Has no more than two (2) employees and no subcontractors. / | 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? | YesNo |
| | 3. Do you intend to directly control & supervise construction activities? | Yes No |
| conths following completion of construction and do you understand that if ou do not do so, it creates the presumption under law that you fraudulently | 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? | YesNo |
| In that the construction will conform to the regulations in the Building, Electrical, Plumbing and lechanical codes, and the Hamett County Zoning Ordinance. I state the information on the above nontractors is correct as known to me and if <u>any</u> changes occur including listed contractors, site plan, umber of bedrooms, building and trade plans. Environmental Health permit changes or proposed use hanges, I certify it is my responsibility to notify the Hamett County Central Permitting Department of ny and all changes. XPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee as per current fee schedule. | months following completion of construction and do you understand that | t if ently |
| Ignature pt Owner/Contractor/Officer(s) of Corporation Date ' Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the: | and that the construction will conform to the regulations in the Building, E Mechanical codes, and the Harnett County Zoning Ordinance. I state the int contractors is correct as known to me and if <u>any</u> changes occur including liste number of bedrooms, building and trade plans, Environmental Health permit ch changes, I certify it is my responsibility to notify the Harnett County Central Pe any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. is as per current fee schedule. | lectrical, Plumbing and formation on the above d contractors, site plan, nanges or proposed use ermitting Department of |
| Ignature pt Owner/Contractor/Officer(s) of Corporation Date ' Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the: | - Herzen | |
| he undersigned applicant being the: General ContractorOwnerOfficer/Agent of the Contractor or Owner o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work et 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 iem. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves. Has no more than two (2) employees and no subcontractors. // Has no more than two (2) employees and no subcontractors. // Has no more than two (2) employees and no subcontractors. // Has no more than two this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. ompany or Name: | Signature of Owner/Contractor/Officer(s) of Corporation Date | |
| o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work et forth in the permit: | The undersigned applicant being the: | |
| 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) 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 to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance to covering themselves. Has no more than two (2) employees and no subcontractors. // hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior or issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. ompany or Name: howe Homes, loc ign w/Title: Patsmeet | General Contractor Owner Officer/Agent of the C | Contractor or Owner |
| Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover iem. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance bovering 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 epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. company or Name: boost Homes, INC ign w/Title: Date: 1/4/10 | Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpo set forth in the permit: | pration(s) performing the work |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves. Has no more than two (2) employees and no subcontractors. // Has no more than two (2) employees and no subcontractors. // Hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. ompany or Name: | Has three (3) or more employees and has obtained workers' compensat | ion insurance to cover them. |
| Has no more than two (2) employees and no subcontractors. /hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior b issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. ompany or Name: <u>for the termit to the termit termit.</u> ign w/Title: <u>Date: //4/ic</u> | Has one (1) or more subcontractors(s) and has obtained workers' components them. | ensation insurance to cover |
| /hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior of issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. | Has one (1) or more subcontractors(s) who has their own policy of worke covering themselves. | ers' compensation insurance |
| epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior b issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. ompany or Name: <u>Boose Howes</u> , lisc, ign w/Title: <u>Date: //4//io</u> | Has no more than two (2) employees and no subcontractors. | |
| ign w/Title:PetsmestDate://4/10 | Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any percent carrying out the work. | compensation insurance prior |
| | Company or Name: BOODE HORES, INC. | |
| | Sign w/Title: | Date://4/io |
| | Residential Building Application 2 of 2 | |

Plan Box Number Lile

Job Name Brane Homes Date: 11-5-10

Required Inspections for SFA/SFD

| Appl. #_/(| 2-5-25557 |
|------------|-----------|
| Valuation | 14.402 |
| Sq. Feet | 552 |

Sequence

| 10 | |
|--------|--|
| 10-30 | |
| 20 | |
| 20 | |
| 30-999 | |
| 30-999 | |
| 30-999 | |
| 30-999 | |
| 40 | |
| 40 | |
| 40 | <u> </u> |
| 40 | |
| 40 | |
| 40 | ······································ |
| 40 | |
| 40 | |
| 50 | <u> </u> |
| 60 | |
| 60 | |
| 60 | Ľ |
| 60 | |
| 60 | |
| 60 | ······ |
| 60 | |
| 60 | |
| 999 | |

R* Bldg. Footing R* Elec. Temp Service Pole **R*** Building Foundation Address Confirmation **Open Floor** R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 Envir. Operations Permit