

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

**Application for Residential Building and Trades Permit**

Owner's Name: Bruce & Rhonda Sloan Date: \_\_\_\_\_  
Site Address: 371 Stone Cross Dr. Spring Lake NC 28390 Phone: 910-495-0982  
Directions to job site from Lillington: \_\_\_\_\_ 910-797-7373 cell#

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

J. B. RAYNOR Contract Co. 910-624-8604  
Building Contractor's Company Name Telephone  
2149 AL Ray Rd Fayetteville NC 28390  
Address  
[Signature] Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation Privilege License  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: Yes \_\_\_\_\_ No \_\_\_\_\_  
Wynn Electric Home 910-484-3339  
Electrical Contractor's Company Name Telephone  
1708 Englewood Dr. Fayetteville, NC 28301  
Address Cell# 910-476-2984  
[Signature] Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation 254855P/SFD  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Ins. \_\_\_\_\_  
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

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

### Homeowners Applying to Build Their Own Home

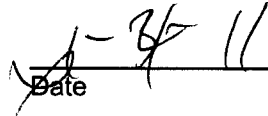
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

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.

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

  
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: \_\_\_\_\_

Sign w/Title: 

Date: 

Plan Box Number file

Job Name SLOAN

Date: 1-24-11

Required Inspections for SFA/SFD

Appl. # 11-5-25832

Valuation \$34,305

Sq. Feet 528  
*Addition*

Sequence

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
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- 40
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- 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