* 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 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 25891 - Acclification # 25891 - Carage

<u>Application for Residentia</u>	I Building and Trades Permit
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Owner's Name: Bradley A. Smith	Deter
	Date:
	Mingfan Phone: 910-893-6409
Turn left onto Dean Red. Och	approx 8 miles
	to Stop sign C
intersection of Old US 421.	rive is directly across.
Subdivision:	Lot:
Description of Proposed Work: <u>IENCUCTION</u>	# of Bedrooms:
Heated SF: <u>2600</u> Unheated SF: <u>170</u> Finished Bonus Room? <u>General Contractor Informat</u>	Crawl Space: Slab:
Building Contractor's Company Name	Telephone
	•
Address 8	Email Address
Marthy I Am	Diener
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work <u>Flectrical Wirlag</u> Service Size	tion e: 200 Amns T-Pole: Ves No
Pioneer Electric & Maintenage La Tra	919-499-7767
Floater Electric & Maintenanto Lo, Inc. Electrical Contractor's Company Name	Telephone
80 Noil Thomas Rd. Lillington NC 27546	Dioneer elatric Ocarphlink. net
Address	Email Address
flub &	21643-U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Info Description of Work Replacement of HVAC	<u>rmation</u>
bescription of voik repracement of 1744	
Mechanical Contractor's Company Name	910-814-2555
POBOL 527 MAMERS NC 27552	910-514-2555 Telephone AIRMEDICS NO Embrymail.co
Address Address	Email Address
landa O Chem	19490
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information	<u>tion</u>
Description of Work Plumbing	# Baths
Jamie Johnson	9/0-814-7705
Plumbing Contractor's Company Name	Talanhana
82 Greenhouse Cf Lillingh	Plumber buy & VZW . Dlackbery . Not Email Address
Address	
Signature of Owner/Oontractor/Officer(s) of Corporation	21649
Insulation Contractor Information	License # tion
Tri-City Ins E. Mr. Dr. Fay. WC	910 486-8865
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 Vo		
3. Do you intend to directly control & supervise construction activities? YesNo		
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:		

Plan Box Number 🛭 🕅 🖇

Job Name_Smith

Date: 1-18-11

Required Inspections for SFA/SFD

Appl. # 11-50025891 Valuation \$67375 Sq. Feet 1037

Sequence

10	-1-4
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
	-

I, <u>Bradley Smith</u>, give notification to Harnett County Central Permitting that original Mechanical/HVAC contractor be replaced with **Comfort First Heating & Cooling**, Sanford NC 27332. Phone #919 777-1777 License # 27085

Permit # 1150025891