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* 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 # 10 500 255 88

Application for Residential Building and Trades Permit

Owner's Name: RONALD JENKINS Date: 11-05-2010

Site Address: 3010 CANE MILL RD COATS NC 27521 Phone: _____

Directions to job site from Lillington: HWY 27 EAST OUT OF COATS TO BENSON
TURN RIGHT ON RED HILL CHURCH RD. GO ± 4 MILES TURN RIGHT ON
CANE MILL RD ± 2 MILES ON LEFT NEXT TO EXISTING DETACHED GARAGE

Subdivision: _____ Lot: _____

Description of Proposed Work: DETACHED GARAGE # of Bedrooms: _____

Heated SF: _____ Unheated SF: 1,200 Finished Bonus Room? _____ Crawl Space: _____ Slab:

General Contractor Information

WHITTENTON BUILDERS

Building Contractor's Company Name

263 NEIGHBORS RD.

Address

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

919-427-8465

Telephone

tdde@whittentonbuilders.com

Email Address

48607

License #

Electrical Contractor Information

Description of Work EXISTING SERVICE Service Size: 200 Amps T-Pole: Yes No

BYRD ELECTRICAL & REPAIRS SEN INC.

Electrical Contractor's Company Name

143 MEINGOR RD BENSON 27504

Address

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

919-894-3139

Telephone 919-669-3843

Email Address

20256-L

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Beasley's Heat & Air Inc 919 894-4248

Mechanical Contractor's Company Name Telephone

57 W Beasley's Lane Coats, NC 27521

Address

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

9497

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Gary Willis Plumbing, Inc. 919-894-2987

Plumbing Contractor's Company Name Telephone

2820 Bailey Rd Coats N.C 27521

Address

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

18659

License #

Insulation Contractor Information

TATUM INSULATION

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

11-05-2010
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: WHITTENTON BUILDERS

Sign w/Title: [Signature] VPRES Date: 11-05-2010

Plan Box Number B5

Job Name Ron Jenkins

Date: 11-15-10

Required Inspections for SFA/SFD

Appl. # 10-50025588

Valuation 56618

Sq. Feet 13; 2170

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60		Four Trade Final > 2500
60	<input checked="" type="checkbox"/>	Three Trade Final
60	<input checked="" type="checkbox"/>	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

