

Contact person Delonah Moore 796-6221

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

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Palm Harbor Homes Date: 12-12-07

Site Address: 7709 NC Hwy 42 Holly Springs Phone: _____

Directions to job site from Lillington: Take Hwy 401 turn Lt. on to Hwy 42
to S. corner end at property

Subdivision: _____ Lot: _____

Description of Proposed Work: Modular #Bedrooms: 3

Heated SF 1185 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Palm Harbor Homes 919-662-9999
Building Contractor's Company Name Telephone

5489 Greenville NC 27603 55053
Address License #

Charles Hall Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work wire house Service Size: 200 Amps TPole: yes/no

Glen Service Co 919-779-8800
Electrical Contractor's Company Name Telephone

Raleigh NC 27603 128104
Address License #

Bill Blum
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work duct work central air unit

Glen Service Co 919-779-8800
Mechanical Contractor's Company Name Telephone

Raleigh NC 27603 128104
Address License #

Bill Blum
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work plumbing # Baths _____

Painter NC 919-779-8800
Plumbing Contractor's Company Name Telephone

Raleigh NC 128104
Address License #

Painter NC
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

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.

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

12-12-07
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: Adam John Hill

Sign w/Title: John Hill Date: 12-12-07

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Application # 0750019074

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Palm Harbor Homes Date: _____

Site Address: 7709 NC Hwy 42 Holly Springs

Directions to job site from Lillington: 401 turn left onto 42
go 8.8 miles End at property

Subdivision: _____ Lot: _____

Description of Proposed Work: Modular #Bedrooms: 3

Heated SF 1188 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Palm Harbor Homes 919-662-9999
Building Contractor's Company Name Telephone

5429 Fayetteville NC 55053
Address License #

Charles Hall Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work plumbing connections # Baths _____

Priority Plumbing 919-422-4935
Plumbing Contractor's Company Name Telephone

P.O. Box 264 Willow Springs NC 18550
Address License #

Stacy Jeffries
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

Changed
Contr.
11/04/07
JJB

MODULAR

Plan Box Number FILE

Job Name PALM HARBOR

Date: 12-19-07

Required Inspections for SFA/SFD

Appl. # 0750019074
Valuation \$ 77,186
Sq. Feet 1188

Sequence

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