

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 # 08.50019175

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

Gerlach

Owner's Name: GARY L. GERLACH Date: 20 MAY 08

Site Address: LOT 11 HILLBROOK DR, CHMUNN NC Phone: 919-448-9166

Directions to job site from Lillington: NC 27 TO JOHNSONVILLE TAKE NC 24 EAST 1/8 MILE TURN LEFT ON HILLBROOK DR (BRIDLEWOOD ESTATES) FOLLOW TO END INTO DRIVE WAY.

Subdivision: BRIDLEWOOD ESTATES Lot: 11

Description of Proposed Work: CONSTRUCT MODULAR HOME #Bedrooms: 3
Heated SF 2745 Unheated SF 2100 ^{AREA} Finished Rec Room? Crawl Space Slab ()

General Contractor Information

HOMES BY VANDERBUILT 919-718-2760
Building Contractor's Company Name Telephone

3300 JEFFERSON DAVIS HWY, SANFORD 43964
Address License #

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

Electrical Permit Information

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

INSTALLATION BY HOMEOWNER 919 448 9166
Electrical Contractor's Company Name Telephone

Address _____ License # _____

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HOT AIR & DUCT WORK

FURNACE HEAT & A/C 919-770-9560
Mechanical Contractor's Company Name Telephone

PO Box 3809 Sanford NC 27331 20311
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work PRIMARY WATER SUPPLY # Baths 2

INSTALLED BY HOMEOWNER 919 448 9166
Plumbing Contractor's Company Name Telephone

Address _____ License # _____

[Signature]
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.

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

6/11/08
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: HOMES BY VANDERBILT

Sign w/Title: *Bob Bart* Date: 6/11/08

off frame

Plan Box Number File

Job Name Vanderbilt

Date: 6-8-08

Required Inspections for SFA/SFD

Appl. # 08-50019175

Valuation 7151643

Sq. Feet 2334

2334

Sequence

10	<u> </u> ✓	R* Bldg. Footing
10-30	<u> </u>	R* Elec. Temp Service Pole
20	<u> </u> ✓	R* Building Foundation
20	<u> </u>	Address Confirmation
30-999	<u> </u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R* Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u> ✓	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> </u>	R* Insulation
60	<u> </u>	Four Trade Final
50	<u> </u>	Four Trade Final > 2500
60	<u> </u> ✓	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> </u>	Envir. Operations Permit