

3

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 # 0852019427

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: TRAVIS HARGIS Date: 3-18-08
Site Address: 1925 WADE STEPHENSON RD Phone: 919 524-4922
Directions to job site from Lillington: TAKE Hwy 210 to Hwy 401N
+ TURN LEFT TAKE 401 to Hwy 42 + TURN LEFT
GO APPROX 6 MILES + TURN RIGHT ONTO WADE STEPHENSON RD
Subdivision: N/A Lot: N/A
Description of Proposed Work: ON FRAME MODULAR #Bedrooms: 3
Heated SF 2040 Unheated SF N/A Finished Rec Room? N/A Crawl Space () Slab ()

General Contractor Information

Eagle Homes 919 202 0400
Building Contractor's Company Name Telephone
3600 US Hwy 70 E Smithfield NC 27577 5691
Address License #
[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Install Meter Base Service Size: 200 Amps TPole: yes no
J.D. Capps Electric Service 919 751-8479
Electrical Contractor's Company Name Telephone
202 Mill Run Goldsboro NC 27534 13444-L
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL Heat Pump
Dennis Harrison Heating & Air 252-523-6469
Mechanical Contractor's Company Name Telephone
400 Glenwood Ave Winston NC 28501 16045
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Install water line + sewer line # Baths 2
EPPS Plumbing 919-738-1280
Plumbing Contractor's Company Name Telephone
110 E. Doe Trail Goldsboro NC 27530 23184
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

N/A
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.

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

3/18/08
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: Eagle Homes

Sign w/Title: *Angela...* SM Date: 3/18/08

Modular on Frame.

Plan Box Number File

Job Name Jerry Sawley

Date: 2-26-08

Required Inspections for SFA/SFD

Appl. # 08-50019427

Valuation 140 338

Sq. Feet 2160

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