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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 information on license.

Application # 08 5 00 29144

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

Application for Residential Building and Trades Permit

Owner's Name: Steven Gregory Wall Date: _____

Site Address: 1145 Silas Moore Rd. Phone: 919-612-3822

Directions to job site from Lillington: 421 to Coats - Take Hwy 27 to Ebenezer Church Rd. Take Left - Left again on to Johnson Rd. Then R on Silas Moore Rd.

Subdivision: Quail Hollow Lot: 11

Description of Proposed Work: single family detached #Bedrooms: 3 *off-frame modular*

Heated SF 2184 Unheated SF 1152 Finished Rec Room? _____ Crawl Space Slab

General Contractor Information

Royal Homes
Building Contractor's Company Name Telephone

3610 S. Wilmington St Raligh, NC 27603 Bond
Address License #

CA Parker G.m. Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

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

Delta Electric of Raligh 919 844 4172
Electrical Contractor's Company Name Telephone

P.O. Box 620 Garner, NC 27529 27571-SA-SFD
Address License #

James Earl Spunt Jr.
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Install Heat Pump

Hamilton's Heating & Air 919 552 9419
Mechanical Contractor's Company Name Telephone

5209 Sugg Ct Fuquay Varina, NC 27526 15698
Address License #

John Hamilton
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____

Bobby Evans Plumbing Service 919 557 5068
Plumbing Contractor's Company Name Telephone

7810 Mt. Pleasant Rd. Willow Springs, NC 23007
Address License #

Bobby Evans
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.

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

6/5/2008
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: Royal Homes

Sign w/Title: CA Parker G.M. Date: 6/5/2008

OVER FRAME
M&D.

Plan Box Number FILE

Job Name WALL.

Date: 6-4-08

Required Inspections for SFA/SFD

Appl. # 0850020144

Valuation \$173,084

Sq. Feet 2664

20x24 GARAGE INCLUDED
w/ 16x20 DECK

Sequence

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 50
- 60
- 60
- 60
- 60
- 60
- 60
- 60
- 999

- R* Bldg. Footing
- R* Elec. Temp Service Pole
- R* Building Foundation
- Address Confirmation
- Open Floor
- R* Bldg. Slab Insp.
- R* Elec. Under Slab
- R* Plumb. Under Slab
- Four Trade Rough In
- Four Trade Rough In > 2500
- Three Trade Rough In
- Three Trade Rough In > 2500
- Two Trade Rough In
- Two Trade Rough In > 2500
- One Trade Rough In
- One Trade Rough In > 2500
- R* Insulation
- Four Trade Final
- Four Trade Final > 2500
- Three Trade Final
- Three Trade Final > 2500
- Two Trade Final
- Two Trade Final > 2500
- One Trade Final
- One Trade Final > 2500
- Envir. Operations Permit