

* 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 # 09-5-22160

Harnett County Central Permitting
PO Box 85 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Christopher Shupe Date: 8-17-09

Site Address: Country Cove Ln Phone: 919-499-9264

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Off Frame Modular #Bedrooms: 4

Heated SF 2022 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

Homes By Vanderbilt 919-218-2760
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 Electrical for mod home Service Size: 200 Amps TPole: yes/no

M David McCracken 910-537-2448
Electrical Contractor's Company Name Telephone

3300 Jefferson Davis Hwy Sanford NC 177021
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HP

Fewell Hgt AC 919-770-
Mechanical Contractor's Company Name Telephone

PO Box 3805 Sanford NC 27331 20311
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Modular Home Plumbing # Baths 2

M David McCracken 910-537-2448
Plumbing Contractor's Company Name Telephone

3300 Jefferson Davis Hwy Sanford NC 29173
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

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.

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

8-17-09
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 Kanderbuilt

Sign w/Title: *Cliff Wright - Permits* Date: 8-17-09

MODULAR

CRAWL

Plan Box Number FILE

Job Name SHUPE

Date: 8-17-09

Required Inspections for SFA/SFD

Appl. # 0950022160

Valuation # 134,947

Sq. Feet 2077

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