

Application for Building and Trade Permit

Owner's Name: Jonathan Hodges Date: 12-29-09
Address: 190 Cooper Store Rd Sanford Phone: 919-499-7476
Directions to job site: _____

Subdivision: _____ Lot: _____
Construction Type: (Please Check) Building Use: (Please Check)

- New
- Renovation
- Addition
- Moved House
- Other
- Residential
- Modular
- Commercial
- Multi-Family

Description of Proposed Work: off Frame
Total Project Cost: 125,000

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 125,000
Unheated SF _____ Slab () Acres Disturbed 3000 SF Stories 1
Homes By Vanderbuilt Telephone 919-718-2760
Building Contractor's Company Name
3300 Jeff Davis Hwy Sanford License # 43964
Address
Cliff Wright Permits
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Electrical Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation See Attached

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name _____ Address _____ Telephone _____

Mobile Contractor

Application # 09.50023047

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Jonathan Hodges Address: 190 Cooper Stone Rd

City: Sanford State: NC Zip: 27332 Daytime Phone: 919-499-7476

Landowner Information (To be completed by landowner, if different than above)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Name, address, & phone must match information on license)

A. **Set-Up Contractor Company Name:** _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Setup Signature: _____ State Lic# _____

B. **Electrical Contractor Company Name:** Paul Parker Electric

Phone: (910) 984-6268 Address: 254 Oak Valley Farm Rd

City: Coats State: NC Zip: 27521

Electrician's Signature: Paul Parker State Lic# 13497 E

C. **Mechanical Contractor Company Name:** Frank Heston & A/C LLC

Phone: 919-770-9560 Address: PO Box 3805

City: Sanford State: NC Zip: 27331

HVAC Signature: Frank Heston State Lic# 20311 L.H.B.

D. **Plumbing Contractor Company Name:** Jamie Johnson Plumbing

Phone: 910-814-7705 Address: 1470 Clark Rd

City: Lillington State: NC Zip: 27546

Plumber's Signature: Jamie Johnson State Lic# 21647

all attached

Part III - Manufactured Home Information

Model Year: 2009 Size: 37 x 76 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and signatures, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Jonathan Hodges
Signature of Home Owner or Agent

9-5-2009
Date

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number. List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- _____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- _____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- _____ Has/have not 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.

Firm Name: Home's By Vanderbilt
By/Title: Cliff Wrought Permits
Date: 12-29-09

Plan Box Number file

Job Name Jonathan Hedges

Date: 12-30-09

Required Inspections for ~~SEASPD~~ Modular

Appl. # 9-5-23047

Valuation \$134946

Sq. Feet 2077

Sequence

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

Application # 09-50023047

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910-893-7525 Fax 910-893-2793

www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: John & Crystal Hodges Phone: 919.499.7476

Owner (s) Mailing Address: 190. Cowle St
Sauferd, NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done front concrete porch

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Jonathan Hodges will provide the bldg. labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is owner, which entitles me to

perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: J B Hodges Date: 2/25/10

Company Name: _____ Phone: _____

Address: _____

County: _____ Contractor's License #: _____

Contractor's Signature: _____ Date: _____

*Company name, address, & phone must match information on license.