* 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 #_

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

Application for residential building and mades Fermit
Owner's Name: Frank Malinski Date: 6-17-18
Site Address: 534 Grame Tc. Ln Phone: 890-4241
Directions to job site from Lillington: Waln-TL on Mamers Rd
TO Find TR on old 421, 2nd state Rd on loft
is Graneta In. 12 Mi on R 12 534
Description of Proposed Work: #Bedrooms: 5
Heated SF <u>2746</u> Unheated SF <u>1743</u> Finished Rec Room? <u>AD</u> Crawl Space Slab (General Contractor Information
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Building Contractor's Company Name Telephone
3300 Jeff Davis Hay Sanford NC 43964
Address License #
Cliff Life Must sign & fill out second page
Signature of Ownfer/Contractor/Officer(s) of Corporation Electrical Permit Information
Description of Work Work 40 Service Size: 200 Amps TPole: yes no
Hut Shitz Electare 915-353-9280 7702 9249
Electrical Contractor's Company Name Telephone
529 Book Page SSU TOLL NC 17762-C
Address License #
Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation Mechanical Permit Information
Description of Work Hat prom & Dust work
Faux 11 Heat & A/C 9/9-770-9560
Mechanical Contractor's Company Name Telephone
P) Box 3 805 Son Paz VC 2031
Address #
Robell
Signature of Officer(s) of Corporation Plumbing Permit Information
Description of Work # Baths 2
HR C5245 0/4 nb. 2 915-770-0168
Plumbing Contractor's Company Name Telephone
13/4 (5050 de PE SENTURE NC 10924 PT
Address License #
MK(4135
Signaturé of Officer(s) of Corporation Insulation Permit Information
insulation Permit information
Insulation Contractor's Company Name & Address Telephone

Page 1 of 2

Insulation Contractor's Company Name & Address

9/07

	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)
-	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
	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. Signature of Owner/Contractor/Officer(s) of Corporation Date
	Signature Of Owner/Contractor/Officer(s) of Corporation Date
ſ	Affidavit for Worker's Compensation N.C.G.S. 87-14
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
	Affidavit for Worker's Compensation N.C.G.S. 87-14
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
	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
	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:
	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
	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
	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.
	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

Plan Box Number

Job Name/tonies By VAnder bill

Date: 6-18/D

Required Inspections for SFA/SFD

Appl. # 10-5-24421 Valuation #299,324 Sq. Feet 4667

	以19 19 19 12 12 11 11 11 11 11 11 11 11 11 11 11
10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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