* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application

n#_115002011C

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

SCANNED // DATE

Application for Residential Building and Trades Permit

Owner's Name: 60 Udle Oule	Date:
Site Address:	Phone:
Directions to job site from Lillington: 27 E TURN B	OU BRICK MILL RA
TO OCOTTLE LAKE DR LOT ON	
MODIN CT.	7, 9, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	Lot: 42
Description of Proposed Work: 28x76 MoDULAR	
Heated SF: 1980 Unheated SF: 140 Finished Bonus Room? General Contractor Information	Crawl Space: X Slab:
TEC VANDERBUILT	99-718-2760
	Telephone
Building Contractor's Company Name 33 TEFFERSON DAVE Huy FANFORD IX Address	BRUCES ENC MODULARS CO
12/64	
License #	
Description of Work 200 SRUCE - NEW MOD Service Size:	
DAVID MªCRACKEN	919-353-9280
Electrical Contractor's Company Name	Telephone
529 Blown Rd SANFORD, NC 27330	
Address	Email Address
17702-L	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work 3/2 Ton SPLIT HEAT Pump	
· · · · · · · · · · · · · · · · · · ·	arg-770- 9560
Mechanical Contractor's Company Name	919-770- 9560 Telephone
POBOX 3805 , SANFORD NC 27336	
Address	Email Address
20311	
License # Plumbing Contractor Information	nn.
	<u> </u>
Description of Work HR CUETIS - DWV& SOPRY	_# Baths
Plumbing Contractor's Company Name	Telephone
6314 CARBONTON Rd	receptions
Address	Email Address
10924	
License #	
Insulation Contractor Information	<u>on</u>
The latin Control of C	Talanhana
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

Please answer the following questions then see a Permit Technician to determine if you qualify for permit Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available).	under Own	ers Exemption. oon request)
Do you own the land on which this building will be constructed?	_Yes _	No
Have you hired or intend to hire an individual to superintend and manage construction of the project?	_Yes _	No
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
	_ 103 _	140
I hereby certify that I have the authority to make necessary application, that the apprand that the construction will conform to the regulations in the Building, Electric Mechanical codes, and the Harnett County Zoning Ordinance. I state the informat contractors is correct as known to me and that I affirm that I have obtained all listed permission to obtain these permits and if any changes occur including listed conformation of bedrooms, building and trade plans, Environmental Health permit changes changes, I certify it is my responsibility to notify the Harnett County Central Permitti any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule.	al, Plum ion on the discontractors, or proping Depa	bing and he above ctors site plan, osed use rtment of
Received 4/21/11		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the:	-14	
Affidavit for Worker's Compensation N.C.G.S. 87		wner
Affidavit for Worker's Compensation N.C.G.S. 87- The undersigned applicant being the:	ctor or O	
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation	ctor or O	orming the work
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	etor or O	orming the work
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor set forth in the permit: Has three (3) or more employees and has obtained workers' compensation instance Has one (1) or more subcontractors(s) and has obtained workers' compensation	etor or One (s) perfocurance to on insura	orming the work to cover them.
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation instance. Has one (1) or more subcontractors(s) and has obtained workers' compensation them.	etor or One (s) perfocurance to on insura	orming the work to cover them.
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contract Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insequence. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. Has one (1) or more subcontractors(s) who has their own policy of workers' concovering 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 Contractor of the permit may require certificates of coverage of worker's competence of the permit and at any time during the permitted work from any person, carrying out the work.	etor or Or e(s) perfo surance to on insura mpensati entral Pe	orming the work to cover them. the to cover tion insurance ermitting insurance prior
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contract of th	etor or Or e(s) perfo surance to on insura mpensati entral Pe	orming the work to cover them. the to cover tion insurance ermitting insurance prior

Plan Box Number	Job Name	Boure
	Date:	
Required Inspections for SFA/	/SFD	
	Appl. #	50026011
	Valuation	\$129.553
	Sq. Feet_	1994
Sequence		
10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	
20	R* Building Foundation	
20	Address Confirmation	Slab
30-999	Open Floor	
30-999	R* Bldg. Slab Insp.	Mono
30-999	R* Elec. Under Slab	
30-999	R*Plumb. Under Slab	Crawl
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	