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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 # 0850020613

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: Richard & Helen E. Thompson Date: 8-4-08

Site Address: _____ Phone: _____

Directions to job site from Lillington: Follow Hwy 27 East towards Coats. Approx 1 mile before Coats turn left on Bill Avery Road. Site is approx 1/2 mile on Right

Subdivision: _____ Lot: 2

Description of Proposed Work: Move house #Bedrooms: 3

Heated SF 2160 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

Bim Builders LLC 919-894 5741

Building Contractor's Company Name Telephone

6187 NC 27 East Coats NC 27521 50541

Address License #

Danny Pollard Must sign & fill out second page

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

Electrical Permit Information

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

R.A. Jackson Electrical Inc. 919-894-5367

Electrical Contractor's Company Name Telephone

9261 Raleigh Rd. Benson, NC 27504 21144

Address License #

Bobby Jackson Bobby Jackson

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Mechanical - Installation

Beasley's Heating & Air Inc. 919-894-4248

Mechanical Contractor's Company Name Telephone

57 WC Beasley Lane Coats NC 27521 9497

Address License #

R. Brent Beasley

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work re-connect # Baths 2

Gary Willis Plumbing, Inc. (919) 894-2987

Plumbing Contractor's Company Name Telephone

2820 Bailey Rd. Coats, NC 27521 18659

Address License #

Brandy S. Gimmis

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.

Danny Pollard
Signature of Owner/Contractor/Officer(s) of Corporation

8/4/08
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: _____

Sign w/Title: _____

Danny Pollard

Date: _____

8/4/08

Plan Box Number File

Job Name Rick Thompson

Date: 7-28-08

Required Inspections for SFA/SFD

Appl. # 08-50020613
Valuation 140338
Sq. Feet 2160

Sequence

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