

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

Application # 10500 25664

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

**Application for Residential Building and Trades Permit**

Owner's Name: Scott Baker Date: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

As Owner  
Building Contractor's Company Name

436 4569  
Telephone

Address  
Scott Baker

NA  
Email Address

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

License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_\_\_ Yes \_\_\_\_\_ No

As Owner  
Electrical Contractor's Company Name

436 4569  
Telephone

Address  
Scott Baker

NA  
Email Address

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

License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

As Owner  
Mechanical Contractor's Company Name

11 11  
Telephone

Address  
Scott Baker

11 11  
Email Address

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

License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

As Owner  
Plumbing Contractor's Company Name

11 11  
Telephone

Address  
Scott Baker

11 11  
Email Address

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

License #

**Insulation Contractor Information**

As Owner  
Insulation Contractor's Company Name & Address

436 4569  
Telephone

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

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

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

Dec 8, 2010  
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: Scott Baker

Date: Dec 8, 2010

Plan Box Number \_\_\_\_\_

Job Name Baker

Date: 12-2-10

Required Inspections for SFA/SFD

Appl. # 10-500256624

Valuation 86585

Sq. Feet 1344

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	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	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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