

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

**Application for Residential Building and Trades Permit**

Owner's Name: Joel Michael Easow Date: 6-28-11  
Site Address: 1538 Mabry Rd Angier NC 27501 Phone: 919 538 8843

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

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Moveal House # of Bedrooms: 2  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Owner  
License # \_\_\_\_\_

**Electrical Contractor Information**

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

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Owner  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Owner  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Owner  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ 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 that **I affirm that I have obtained all listed contractors permission to obtain these permits** 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.

Joel Michael Eason  
Signature of Owner/Contractor/Officer(s) of Corporation

6-28-11  
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: Joel Michael Eason Date: 6-28-11

Plan Box Number I-2

Job Name MASSEY LAND #7

Date: 6/15/11

Required Inspections for SFA/SFD

Moved Home

Appl. # 11-500-26631

Valuation 75172

Sq. Feet 1157

Sequence

10	<u>✓</u>	R* Bldg. Footing	
10	<u>        </u>	R* Mono Slab	
10-30	<u>        </u>	R* Elec. Temp Service Pole	
20	<u>        </u>	Foundation Survey	
20	<u>✓</u>	R* Building Foundation	
20	<u>        </u>	Address Confirmation	Slab <u>        </u>
30-999	<u>        </u>	Open Floor	
30-999	<u>        </u>	R* Bldg. Slab Insp.	Mono <u>        </u>
30-999	<u>        </u>	R* Elec. Under Slab	
30-999	<u>        </u>	R*Plumb. Under Slab	Crawl <u>✓</u>
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	