* 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.

05 50011566

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: James and Patricia Anderson	Date: 4/15/08
Site Address: SK# 1419 Avery Spence Phone:	
Directions to job site from Lillington: 401 Towards Fuquer > Lt.	
Christian Light Rd -> go 5-6 miles -> Lt. on to Avery Spence	
Allen Lane - follow to end - turn at vinyl fencing at	
	at a
	Lot:3
Description of Proposed Work: New Single Family Home.	
Heated SF 364 Unheated SF 3811 Finished Rec Room? no General Contractor Information	Crawl Space (7 Slab ()
Reese Construction, LLC 919-329	1-5501
Building Contractor's Company Name Telephone	
3720 Lucky Dr Apex, NC 27539	44666
Address	License #
Signature of Denor Contraster/Officer(s) of Corporation	t second page
Electrical Permit Information	
Description of Work elec- new Single family Service Size: 2201/400	
	2- <i>398</i> 0
Electrical Contractor's Company Name Telephone	
4504 Barrington Hills Ln. Garner, NC 27529 Address	13867-L License #
Bruskei	License #
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	<u>on</u>
Description of Work hech-new Single family	
	<u> 779-6498</u>
Mechanical Contractor Company Name Telepho	
7429 old Baucom Rd. Raleigh, NC 27610 Address	
A Live I have	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information	_
Description of Work Plumbing Thew Single family	# Baths 5
Outsider Plumbing Services 919	1-639-6580
Plumbing Contractor's Company Name Telepho	A . 1.
632 Junes Norris Rd. Angier, NC 27501 Address	294125 License #
Julikenn	
Bignature of Officer(s) of Corporation	
Insulation Permit Information 31:WInsulation 351 Hein Dr. Garner NC 275	29 662-9978
31-W Thsulation 351 Hein Dr. Garner NC 275	Telephone
The state of the s	

Homeowners Applying to Build Their Own Home		
Glease answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Glease answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Glease answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Glease answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.		
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? yesno		
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. Signature of Owner/Contractor Officer(s) of Corporation Date		
Signature of Owner/Contractor Officer(s) of Corporation Date		
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		
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Craul.

Plan Box Number E Z

Job Name Patricia Anderson

Date: 10-4-07

Required Inspections for SFA/SFD

Appl. # <u>05-50011566</u>
Valuation <u>45294,321</u>
Sq. Feet <u>4530</u>

Sequence

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