* 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

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: Date:
Site Address: 107-46-R STONE CROSS Phone: 252-326-995-5
Directions to job site from Lillington: South on 216 RISHT on
RAY - RISHT ON DUERHILLS Rd LEFT
INTO STONE CROSS Right ON COBBLESTONE (0) E
Subdivision: STONE CROSS Lot: 40-R ON R
Description of Proposed Work: NEW RES - HomE #Bedrooms: 3
Heated SF 2000 Unheated SF 460 Finished Rec Room? Crawl Space () Slab () General Contractor Information
Charlet 7269 Custon Humes Lic _ 252-326-9955 Building Contractor's Company Name Telephone
Building Contractor's Company Name Telephone
Address PA Lance Royale Louishing NC 66835
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information
Description of Work WIRF Home Service Size: 100 Amps TPole yes/no
PFOR FIC 919-868-5349 Electrical Contractor's Company Name Telephone
Address RALLISH NC27528 License#
Signature of Office (s) of Contaration
Signature of Officeh(s) of Corptaration Mechanical/HVAC Permit Information
Mechanical Contractor's Company Name Telephone
10.Box 1071 Hope m. LUS H3C1 -200/2
Address License #
Jarry John.
Signature of Officer(s) of Corporation Plumbing Permit Infermation
Plumbing Contractor's Company Name Telephone 789-389-498
NATOSHA LAND FU Ne 8-1-419-4109
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Sm. Th (Donny) 919-495-1859
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)
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
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?
yesno
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 <u>any</u> 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.
mar 6-13-2010
1/20- (/4/- 4
Signature of Owner/Contractor/Officer(s) of Corporation Date Contractor Contr
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
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
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.
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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.

leave complete

Insulation Contractor's Company Name & Address

JENNIEM

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits COMMERCIAL

Application for Building and Trades Permit			
Owner's Name:		•	
Site Address:	Phone:		
Directions to job site from Lillington:			
	Lot:		
Description of Proposed Work:			
Heated SF Unheated SF General Contractor Infor	rmation Building Cost \$		
Building Contractor's Company Name	Telephone		
Address Signature of Owner/Contractor/Officer(s) of Corpo Electrical Permit Info Description of Work	rmation Elec Cost \$		
Electrical Contractor's Company Name	Telephone		
Address	License #		
Signature of Officer(s) of Corporation Mechanical Permit Info	rmation Mech Cost \$		
Description of Work	# Units		
Mechanical Contractor's Company Name	Telephone		
Address	License #		
Signature of Officer(s) of Corporation Plumbing Permit Infor	rmation Plumb Cost \$		
Description of Work Plant 3- Dardley More Plambing Contractor's Company Name Address Bush More Signature of Officer(s) of Corporation	Buth Mr #Baths 919-352-448 Telephone rotling DL. 6081 License #	9	
Insulation	n Permit Information		

Telephone

03-29-2010 12:11:32 p.m.

Harnett County Central Permitting

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

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of	Structure:	· , , , , , , , , , , , , , , , , , , ,	Phone		_
Owner (s) M	alling Address:				
Land Owner	Name (s):				
Construction	or Site Address:				
PIN or Parce	el # from GIS:			······································	_
Job Cost:	Description of		<u></u>		
Mechanical:	New Unit With Ductwo		out Ductwork	Gas Piping	_
Electrical*:	200 Amp <200 A * For Progress Energy cus			Reconnect Other	r .
Plumbing:	Water/Sewer Tap	_ Number of Baths	Water H	ealer	
	ctions to Job from Lilling				
Subdivision:			Lot #:	 _	- -
Balley	R Moore will pu	rovide the Pla	mbing (Trade)	labor on this struc	ture.
•	fing owner or my NC sta	v			
perform such	work on the above stru	cture legally. All wor	k shall comply w	ith the State Building	Code
and all other	applicable State and loc	al laws, ordinances	and regulations.		
Structure own	ner(s) signature:			Date:	-
	me: RLT E		_ Phone: <u> </u>	9-552-5	1489
	88: 11 798			-	
	y: Hainett			: <u>58073</u>	-
·	actor's Signature:			Date: 3 - 29 - 2	_ ~ / C
*Com	pany name, address, f	l phone must match	h Information o	n license.	
TRADE					4/08

Basement

Plan Box Number_	£7
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Job Name Stene Cross

Date: 3-23-10

Required Inspections for SFA/SFD

Appl. # 06.50014024 Valuation 167821 Sq. Feet 2285 hours 398. Borch.

Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 40 50 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In Four Trade Final Four Trade Final Four 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