

whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0650015114
Hamatt County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7625 Fax 910-893-2793 www.hamatt.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Charnetzky Custom Homes, LLC Date: 5/17/10
Site Address: _____ Phone: _____
Directions to job site from Lillington: _____

Subdivision: Stone Cross Lot: 1310
Description of Proposed Work: _____ #Bedrooms: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Charnetzky Custom Homes, LLC
Building Contractor's Company Name Telephone _____
1011 Lake Maple ~ Louisburg, NC 27549 License # 835
Address

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work: WIRE TRIMOUT HOUSE Service Size: 200 Amps TPolarity yes no
Pedro Electric Telephone 919-954-1252
Electrical Contractor's Company Name
PO Box 61307 Raleigh, NC 27661 License # 21572-U
Address

Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work: Complete installation
Certified Heating and Air Conditioning Telephone 910-858-0000
Mechanical Contractor's Company Name
PO Box 1071 ~ Hope Mills, NC 28348 License # NC20010 R3 Class 1
Address

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work: Plumbing Installation # Baths 2
ALT and Associates Telephone 919-552-4489
Plumbing Contractor's Company Name
111 Tasha Lane, Fuquay-Varina NC License # 06081
Address 27526

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

* 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 # _____
Harnett County Central Permitting
PO Box 85 Lillington, NC 27548

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

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____
Site Address: ~~1011 HORNSTONE CROSS~~ Phone: 252-326-9955
Directions to job site from Lillington: SOUTH ON 210 RIGHT ON RAY - RIGHT ON QUEENHILLS RD LEFT INTO STONE CROSS RIGHT ON COBBLESTONE @ END
Subdivision: STONE CROSS Lot: _____ ON RISH
Description of Proposed Work: NEW RES - HOME #Bedrooms: 3
Heated SF 2000 Unheated SF 460 Finished Rec Room? X Crawl Space () Slab ()

General Contractor Information

CHARNETZKY CUSTOM HOMES LLC - 252-326-9955
Building Contractor's Company Name Telephone

1011 LAKE ROYALE LOUISBURG NC 66835
Address License #

Tom Charney Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

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

PEORO ELC Telephone 919-868-5249
Electrical Contractor's Company Name

3820 CASHAM LAKE RD 21572-4
Address License #
RALFISH NC - 27528

an. J. [Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work 3 TON HEAT PUMP 818-0600

CERTIFIED HEAT + COOLING Telephone 910-858-0000
Mechanical Contractor's Company Name

P.O. BOX 1071 Hope m. LKS License # H3C1-20012
Address

Sally Dorner
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumb Home # Baths 2

RTE-CONT Telephone 919-369-4481
Plumbing Contractor's Company Name

NATASHA LANE FK NC 27526 License # 6081
Address

DeeDee Lane Temple
Signature of Officer(s) of Corporation

Insulation Permit Information

SMITH (Donny) Telephone 919-495-1859
Insulation Contractor's Company Name & Address

*
? Need Plumb info. This is not right

285-2338

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 Hamett 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 Hamett 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.

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

March 23-2010
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: Chanerzy Custom Homes LLC

Sign w/Title: Mrs Tom Clark Date: March-23-2010



Tom Chan

Plan Box Number D4

Job Name StoneCross

Date: 5-6-10

Required Inspections for SFA/SFD

06-500
Appl. # ~~15114~~ 15114
Valuation 189788
Sq. Feet 3869

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

22850
148460
41328
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