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

Sweets Name: Sweetlands Land No. 10 to annual to	s Permit			
Owner's Name: Juci 1975, Elect Divisio pinari	ate: ろううつ/			
Site Address: 359 Colonial I+M DR hone:	9/0 977-2562			
Directions to job site from Lillington: TAK'S Hwy 27 W forgen Ly	Hon Docks			
Road Colonial Holls on Right				
Subdivision: Colonial Hills Lo	22			
Description of Proposed Work: HEW Constrainton Home #B	Sedrooms: 3			
Heated SF 1636 Unheated SF 400 Finished Rec Room? NO	Crawl Space (# Slab ( )			
	_ Clum Opace (A Slab ( )			
KYN ZutekPRISES 910 977	-2562			
Building Contractor's Company Name . Telephone	,			
5511 Karmsey St. Saite 300	62661			
Address	License #			
Signature of Ourself Contract of Contract	ond page			
Signature of Owner/Contractor/Officer(s) of Corporation				
Description of Work NEW Construction Service Size: 200 Amp	ns TPole: ves/no			
FIRST COLL TIECTELC 9IN USE 300				
Electrical Contractor's Company Name Telephone	<del>/ \)</del>			
1534 London Diary Place Pay HC 28 301	14935-L			
	License #			
Cha D. Pitar				
Signature of Officer(s) of Corporation				
Mechanical/HVAC Permit Information				
Description of Work LASTALL HEATING HIC Unit				
Mechanical Contractor's Company Name  Telephone	<u>323-058</u> 7			
Mechanical Contractor's Company Name  2208 Tom GEddie Road Fay, NC	17470 40 40			
Addreps / / / / / / / / / / / / / / / / / / /	<u>17439- H2</u> HS			
All charles her	License #			
Signature of Officer(s) of Corporation				
Plumbing Permit Information				
Description of Work New Consteating # Bath	2/2			
DASS Plumbing G. QUA 07				
Plumbing Contractor's Company Name Telephone	1716			
406 De Haviland Dr. Fayetheville 28311	1895			
Address	License #			
Magney & ) -				
Signature of Officer(s) of Corporation				
To Cit Dood to War Quarter Permit Information	a ./ .a			
Insulation Contractor's Company Name & Address	910-484-6990			
	Telephone			

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	Hamana A.	
	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	
	2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	
	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 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 <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	
	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.	
	Standing of Ourself Contracts (Office of Contracts)	
	Signature of Owner/Contractor/Officer(s) of Corporation 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	
1	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.		
ā	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves.	
_	Has no more than two (2) employees and no subcontractors.	
to	hile working on the project for which this permit is sought it is understood that the Central Permitting spartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation rrying out the work.	
Co	impany or Name: KEK Enterprises	
Siç	on w/Title: Way high president pate: 2:24-09	

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Stor Crarl 4-7-09

Plan Box Number 2

Job Name Jang Robinsin

Date: 4-309

Required Inspections for SFA/SFD

Appl. # 06-50015938
Valuation 14/37/8
Sq. Feet 2176

## Sequence

10	R* Bldg. Footing
10-30	R* Figs Town Same' 2
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	⊟ e Frade Rough In
40	Three Trade Rough In> 2500
40	I Wo Trade Rough In
	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
5 <b>0</b>	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final > 2500
60	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit