* 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 #	N/A
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application for building and Trade 1 stress
Owner's Name: John Comphell Builders Date:
Address: 757 McArthur Rd. Fayetteville, N.C. Phone: 910-488-8914
Ray Rol. T/R on Nursery Rl, T/L on Doc's Rd, 36 of amile T/L
Subdivision: Colonial Hills Lot: 44
Construction Type: (Please Check) Building Use: (Please Check)
New Moved House Residential Commercial Multi-Family
Total Project Cost: 175,000 Description of Proposed Work: New Single Family Duelling General Contractor Information
Heated SF /872 Crawl Space N Building Construction Cost \$
office de discourse de la company de la comp
Building Contractor's Company Name Telephone 910 - 237 - 55 77 Telephone
779 By rd's Pand Rd. Erwin, N.C. 28339-8480 5.7046
Address License #
the second
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information
Description of Work New Construction Electrical Cost \$ 5800
TS Pole: Yes (X) No () Underground (X) Overhead () Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Tonny Maida Flectric 910-890-6792 Electrical Contractor's Company Name Telephone
34 Fayle Rl. Coats , N.C. 27521 23491L Address #
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Number of Units / Type System / Mechanical Cost \$ 6300
Ron Co. Heuting & A.C. 410-858-7300
Mechanical Contractor's Company Name Telephone
P.O. Box 747 Purkton, N.C. 28371 16556H-3
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Construction Number of Baths Plumbing Cost \$ 5,700
Jamie Johnson \$ 591-8111
Plumbing Contractor's Company Name Telephone
1490 Clark Rd. Lillington, N.C. 27546 21649
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information Residential (1) Other (1) Not Required (1)
Blown- Rite Insulation, Inc. 3737 Clinton Rl. 483-8191
Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion Sprinkler System Information Sprinkler Contractor's Company Name Contact & Telephone License # Signature of Officer(s) of Corporation Fire Alarm System Information Fire Alarm System Information Contact & Telephone Address License # Signature of Officer(s) of Corporation Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No 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		Application #	
Address License # Signature of Officer(s) of Corporation Fire Alarm System Information Fire Alarm Contractor's Company Name Address License # Signature of Officer(s) of Corporation Driveway Access. NC Department of Transportation Driveway Access/Permit? Yes No 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?	Commercial Jobs Sprinkler S	s must fill out this portion System Information	
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Fire Alarm Contractor's Company Name Contact & Telephone Address License # Signature of Officer(s) of Corporation	Address	License #	_
Address License #	Signature of Officer(s) of Corporation Fire Alarm	System Information	
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the project?	1. Do you own the land on which this build	ding will be constructed? yes	no
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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?	3. Do you intend to directly control & supe	ervise construction activities? yes	no
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?		directly pay for all phases of construc	tion work to no
yes no	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
Sign & date	Sign & date		

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, 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

Application #	#
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Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersign	ed applicant for Building Permit # being the:
X	General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby cor the work set fo	onfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing orth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
X	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting ssuing the permit may require certificates of coverage of worker's compensation or to issuance of the permit and at any time during the permitted work from any person, ation carrying out the work.
Firm Name:	Robert W. Deese
Sign/Title:	how Wer / Consid Confinctor
Date:	

* 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 # 5969, 16091, 16090, 16091, 160

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name:	Date:
Address:	Phone:
Directions to job site from Lillington:	
Subdivision:	Lot:
	Building Use: (Please Check)
New Moved House	Residential Commercial
Renovation Addition Other	Modular Multi-Family
Total Project Cost:Description	of Proposed Work:
Gener	ral Contractor Information
Heated SFCrawl Space () Unheated SFSlab () John Compbell Buildes	Building Construction Cost \$Stories
John Comphell Building	•
Building Contractor's Company Name	Telephone
757 Mctanthur Rd. Fa	rue Harille N.C.
Address	License #
125 Woln	<u>- </u>
	Corporation - Must sign back of form & workers comp
	trical Permit Information
Description of Work	Electrical Cost \$
Sermanent Sensice: Underground () Ove	rhead () Service Size:Amps
	• • • • • • • • • • • • • • • • • • • •
Tommy Maida Electric	
Electrical Contractor's Company Name	Telephone
Address	License #
Thomas J. Maile	<u></u>
Signature of Officer(s) of Corporation	antaal Barratt Information
Mecha Nacariation of Made	anical Permit Information
Jumber of Unite Type System	m Mechanical Cost \$
O O () () A	III IVIOCIIAITICAI COST \$
Ran Co. Heating + Air	
fechanical Contractor's €ompany Name	Telephone
ddress/	License #
(75)	
Signature of Officer(s) of Corporation	_
	bing Permit Information
escription of Work	
lumber of Baths	Plumbing Cost \$
Jamie Johnson	
lumbing Contractor's Company Name	Telephone
	/ / / /
ddress	License #
Jamie Tohnson	
ignature of Officer(s) of Corporation	
	on Residential () Other () Not Required ()
Blown- Rite Insulation	•••
esulation Contractor's Company Name & Add	

Application # 15962, 16024

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure:	
Owner (s) Telephone:	
Owner (s) Mailing Address:	
Construction or Site Address:	
Directions to Job:	
Subdivision:	Lot #:
I JAMIE John	have provided or will provide the
Plumbing labor	on this structure. I am the owner or hold a
I JAMIE J.hm. Plumbing labor NC state Plumbing license, v	which entitles me to perform such work on
the above structure legally. All work shall co	mply with the State Building Code and all
other applicable State & local laws, ordinance	es and regulations.
Owner (s) signature:	Date:
Contractor's signature: Jami John	Date:
Contractor's Name: JAMIE Johnson	Date:
Address: 7591 old US 421	544
County: Harnett	
Contractor's License: 21649	

Plan Box Number AAII

Job Name ROBERT DERSE

Date: 3-19-07

Required Inspections for SFA/SFD

Appl. # 06 500 15962 Valuation # 144, 303 Sq. Feet 2221 (REC. NoT)

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