

\* 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 #

16016

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: S&K Itacs Date: 10/18/06  
Address: 1604 Forest Highland Dr. Lill. nc 27544 Phone: 910 842-4345  
Directions to job site from Lillington: 27 W / (TL) on NC 28 / (TR) on Cameron Hill Rd. (TR) on Yorkshire Dr.  
Subdivision: Yorkshire plantation Lot: 136

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 2315 Crawl Space ( ) Building Construction Cost \$ 101,300  
Unheated SF 576 Slab (X) Acres Disturbed \_\_\_\_\_ Stories 1  
Steve Jennings 919-625-0363  
Building Contractor's Company Name Telephone  
1604 Forest Highland Dr. 53365  
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps  
Wester & Pace 919-499-5389  
Electrical Contractor's Company Name Telephone  
546 Leslie Dr. Sanford, NC 1200-76  
Address License #

Signature of Officer(s) of Corporation  
William Wester

**Mechanical Permit Information**

Description of Work New  
Number of Units \_\_\_\_\_ Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_  
Jacksons Heating + Air 910-891-5410  
Mechanical Contractor's Company Name Telephone  
PO Box 82 Benson, NC 23670  
Address License #

Signature of Officer(s) of Corporation  
David Jackson

**Plumbing Permit Information**

Description of Work New  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
LR Glover Plumbing Inc. 910-820-0026  
Plumbing Contractor's Company Name Telephone  
PO Box 764 Benson, NC 27504 07958  
Address License #

Signature of Officer(s) of Corporation  
Lee Glover

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

TRI CITY Insulation 418 Person St. Fay, NC 910 486-8855  
Insulation Contractor's Company Name & Address Telephone

**Sprinkler System Information - Commercial**

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

**Fire Alarm System Information - Commercial**

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

**Driveway Access**

NC Department of Transportation Driveway Access/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, 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.

Steve [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

10/13/06  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/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.
- 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.

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.

Firm Name: St K Homes  
Sign/Title: Steve Jensen  
Date: 10/18/06

(SLAB)

I-2

St K. Homes  
10-24-06

**Required Inspections for SFA/SFD**

Appl # 0650016016  
Valuation 187,833  
Sq. Ft 2891

- 10  R\*Bldg Footing
- 10-30  R\*Elec Temp Service Pole
- 20  R\*Bldg Foundation
- 20  Address Confirmation
- 30-999  R\*Open Floor
- 30-999  R\*Bldg Slab Insp
- 30-999  R\*Elec Under Slab
- 30-999  R\*Plumb under Slab
- 30-999  R\*Bldg Water/Damp Proofing
- 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 Inspection
- 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