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 #	14099
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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

	Date:
Address: 757 M. A. Hur Ral Fourteville N.C.	Phone: <u>110-483-89</u> 14
Directions to job site from Lillington: How 210 South T/R ex	Overhills Rd, 1/Ron
Ray Rol., T/R on Nursery Rd, T/L on Doc's	Rd, He otamile T/L
Subdivision: Colonial Hills	Lot:
Construction Type: (Please Check) Building Use: (Please Check) New Moved House ✓ Residential Renovation Addition Other Modular	heck)CommercialMulti-Family
Total Project Cost: 175,000 Description of Proposed Work: 1/2w General Contractor Information	Single Family Dwelling
Heated SF /78/ Crawl Space (i) Building Construction Continued SF 25,22 Slab () Acres Disturbed 3	ost \$Stories
Building Contractor's Company Name Telephone	7-5577
779 Byrd's Pand Rd. Erwin, N.C. 28339-	3704E License #
W. J. W. Sandalan Madelin back of	fform 8 workers comp
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Electrical Permit Information	00
Description of Work New Construction Electrical Cost TS Pole: Yes (V) No () Underground (V) Overhead ()	\$ 5,800
Permanent Service: Underground (X) Overhead () Service Size:	Amps
Tornor Maida Electric890	0-6792
Electrical Contractor's Company Name Telephone	
34 Eagle Rol. Coats, N.C. 27521	
Address /-/	2.0000
Signature of Officer(s) of Corporation	
Description of Work New Constraints	<u>1</u>
Number of Units Type System Mech	anical Cost \$ 6300
Roy Co Herting & A.C. 410	0-858-7300
Mechanical Contractor's Company Name Teleph	
P.D. Box 747 Purkton, N.C. 28371 Address . ,	<u>16556 H - 3</u> License #
A Lile	
Signature of Officer(s) of Corporation	
Description of Work New Construction	
Number of Baths Plumbing Cos	st \$
Jamie Johnson	591-8111
Plumbing Contractor's Company Name Telep	
1490 Clark Rol. Lillington, N.C. 27546	License #
Address J.	
Signature of Officer(s) of Corporation Insulation Permit Information Residential X Other	er () Not Required ()
Blown - Rite Insulation Fac. 3737 Insulation Contractor's Company Name & Address	Clinton Rl. 483-8191
Insulation Contractor's Company Name & Address	Telephone

	Application #	
Commercial Jol Sprinkler	bs must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	-
Signature of Officer(s) of Corporation Fire Alarr	m System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	_
Address	License #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of To	ransportation 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		
Sign & date	•	
and that the construction will conform to the	ke necessary application, that the application is regulations in the Building, Electrical, Plumboning Ordinance. I state the information on the ny changes occur including listed contractors, so	ne above

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 undersigned	d applicant for Building Permit #	_being the:
X	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby conf	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and has/have of compensation insurance to cover them.	btained workers'
	Has/have one (1) or more subcontractors(s) and has/h compensation insurance to cover them.	ave obtained workers'
X	Has/have one (1) or more subcontractors(s) who has/h workers' compensation insurance covering themselves	nave their own policy of s.
	_ Has/have not more than two (2) employees and no sul	ocontractors.
Department is insurance prior	on the project for which this permit is sought it is underst suing the permit may require certificates of covera to issuance of the permit and at any time during the pe tion carrying out the work.	TE Of Mother 3 combonication
Firm Name:	Robert W. Leese	
Sign/Title:	Par William/ba	noise Contractor
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 # 15962, 16021, 16022, 16021

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

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Application # 15942, 14021 ng 16022, 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:	
Directions to Job:	
Subdivision:	Lot #:
I JAMIE John	have provided or will provide the
Plumbing	have provided or will provide the labor on this structure. I am the owner or hold a
NC state Plumbing	license, which entitles me to perform such work on
the above structure legally. All work	k shall comply with the State Building Code and all
other applicable State & local laws,	ordinances and regulations.
Owner (s) signature:	Date:
Contractor's signature:	John Date:
Contractor's Name: Jamie	Date: US 421 J.C. 27544
	1649

Plan Box Number AA 11

Job Name ROBERT DEESE

Date: 2 - 19 - 07

Required Inspections for SFA/SFD

Appl. # 65016022Valuation # 154,369Sq. Feet 2375

Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 40 40 50	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> 2500 Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In
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999	Envir. Operations Permit