

* 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, 116021, 116022, 116021

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: _____

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 _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

John Campbell Builders
Building Contractor's Company Name Telephone _____
757 McArthur Rd. Fayetteville N.C.
Address License # _____

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Tommy Maide Electric
Electrical Contractor's Company Name Telephone _____
Address License # _____

Thomas J. Maide
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Ron Co. Heating & Air
Mechanical Contractor's Company Name Telephone _____

Address License # _____

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Jamie Johnson
Plumbing Contractor's Company Name Telephone _____

Address License # _____

Jamie Johnson
Signature of Officer(s) of Corporation

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

Blown-Rite Insulation
Insulation Contractor's Company Name & Address Telephone _____

See attached

Application # 15962, 16021
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: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing 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 shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie John _____ Date: _____

Contractor's Name: JAMIE Johnson _____ Date: _____

Address: 7591 old US 421 _____

Lillington, N.C. 27544 _____

County: HARNETT _____

Contractor's License: 21649 _____

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 # 110024

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: John Campbell Builders Date: _____
Address: 757 McArthur Rd Fayetteville, N.C. Phone: 910-483-8914
Directions to job site from Lillington: Hwy 210 South, T/R on Overhills Rd, T/R on Ray Rd, T/R on Nursery Rd, T/L on Doc's Rd, 3/4 of a mile T/L
Subdivision: Colonial Hills Lot: 52

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

Total Project Cost: 175,000 Description of Proposed Work: New Single Family Dwelling

General Contractor Information

Heated SF 1872 Crawl Space Building Construction Cost \$ 175,000
Unheated SF 2637 Slab () Acres Disturbed .3 Stories 1 1/2

Robert W. Deane 910-237-5577
Building Contractor's Company Name Telephone

779 Byrd's Pond Rd. Erwin, N.C. 28339-8480 57046
Address License #

[Signature]
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 \$ 5800.00
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps

Tommy Maide Electric 890-6792
Electrical Contractor's Company Name Telephone

34 Eagle Rd. Conte, N.C. 27521 23491L
Address License #

On file
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Construction
Number of Units 1 Type System Heat pump Mechanical Cost \$ 6300

Ron Co. Heating & A/C 910-853-7300
Mechanical Contractor's Company Name Telephone

P.O. Box 747 Puckton, N.C. 28371 16556H-3
Address License #

On file
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction
Number of Baths 2 Plumbing Cost \$ 5,700

Jamie Johnson 591-8111
Plumbing Contractor's Company Name Telephone

1490 Chuck Rd. Lillington, N.C. 27546 21649
Address License #

On file
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

Blowin-Rite Insulation, Inc. 3737 Clinton Rd. 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
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information

_____ Fire Alarm Contractor's Company Name	_____ 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

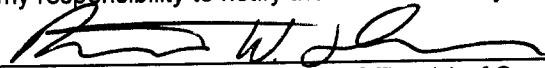
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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

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 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.



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

2-16-07

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: Robert W. [Signature]

Sign/Title: General Contractor

Date: 2-16-07

Plan Box Number AA11

Job Name ROBERT DRESE

Date: 2-19-87

Required Inspections for SFA/SFD

Appl. # 06 500 16024
Valuation \$144,303
Sq. Feet 2221

Sequence

10	<u> / </u>	R* Bldg. Footing
10-30	<u> / </u>	R* Elec. Temp Service Pole
20	<u> / </u>	R* Building Foundation
20	<u> / </u>	Address Confirmation
30-999	<u> / </u>	Open Floor
30-999	<u> / </u>	R* Bldg. Slab Insp.
30-999	<u> / </u>	R* Elec. Under Slab
30-999	<u> / </u>	R*Plumb. Under Slab
40	<u> / </u>	Four Trade Rough In
40	<u> / </u>	Four Trade Rough In > 2500
40	<u> / </u>	Three Trade Rough In
40	<u> / </u>	Three Trade Rough In > 2500
40	<u> / </u>	Two Trade Rough In
40	<u> / </u>	Two Trade Rough In > 2500
40	<u> / </u>	One Trade Rough In
40	<u> / </u>	One Trade Rough In > 2500
50	<u> / </u>	R* Insulation
60	<u> / </u>	Four Trade Final
60	<u> / </u>	Four Trade Final > 2500
60	<u> / </u>	Three Trade Final
60	<u> / </u>	Three Trade Final > 2500
60	<u> / </u>	Two Trade Final
60	<u> / </u>	Two Trade Final > 2500
60	<u> / </u>	One Trade Final
60	<u> / </u>	One Trade Final > 2500
999	<u> / </u>	Envir. Operations Permit