

\* 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 # 110125

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: SCOTT LEE HOMES, INC. Date: \_\_\_\_\_

Address: 144 Adrian Street Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGIER LEFT ON TO 55HWY 42 THRU

FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT

Subdivision: JONATHAN RIDGE Lot: 24

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 1996 Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 45 Slab ( ) Acres Disturbed .59 Stories 1.5

SCOTT LEE HOMES, INC 919 553 2085  
Building Contractor's Company Name Telephone

PO BOX 748 CLAYTON, NC 27520 33181  
Address License #



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

**Electrical Permit Information**

Description of Work ELECTRICAL Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes () No ( ) Underground () Overhead ( )  
Permanent Service: Underground () Overhead ( ) Service Size: 200 Amps

JEFF WILLIS ELECTRIC, INC. 919 550 4700  
Electrical Contractor's Company Name Telephone

5805 CORNWALLIS RD GARNER 27529 15644  
Address License #



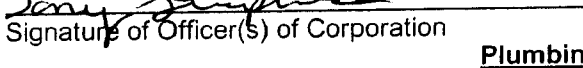
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HEATING AND AIR HVAC  
Number of Units 2 Type System Heat pump Mechanical Cost \$ \_\_\_\_\_  
STEPHENSON HEATING & AIR, INC. 919 329 0686

Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR GARNER NC 27529 18644

Address License #



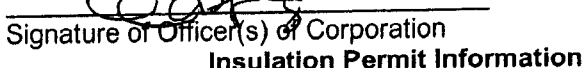
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work PLUMBING  
Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_

C.C. Select Plumbing 919 625-0163  
Plumbing Contractor's Company Name Telephone

421 Watkins Rd Clayton N.C 27520 25464  
Address License #



Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential () Other ( ) Not Required ( ) / 903 849 2204

TRI-CITY INSULATION 1901 HERRING AVE WILSON NC 27896

**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.

_____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ Date
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11-7-06

Application # \_\_\_\_\_

**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: Scott Lee Homes, Inc.

Sign/Title: Gene J. Wall Assistant Secretary

Date: 10/25/06

AA-13

SCOTT LEE HOMES

11-14-06

Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

0650016125  
\$171,591  
2641

- 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