

* 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 # 116128
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: 10 Jacob 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: 20
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 2035 Crawl Space (
Unheated SF 490 Slab (
Building Construction Cost \$ _____
Acres Disturbed .444 Stories 2
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 2.5 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 () 18008497204

21-CITY INSULATION 1501 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: Joe J. Wall Assistant Secretary

Date: 10/25/06

AA-13

11-14-06
SCOTT LEE HOMES

Required Inspections for SFA/SFD

Appl # 06500161 28
Valuation \$184,195
Sq. Ft 2837

- 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