

\* Each section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 06-50016232

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: Regency Homes Inc. Date: 12/4/06

Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455

Directions to job site from Lillington: Hwy 27, (L) Hwy 24, (R) Cameron Hill Rd, (R) Yorkshire Dr, (L) Checkmate Ct

Subdivision: Yorkshire Plantation Lot: 145

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: Residence

**General Contractor Information**

Heated SF 2480 Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 576 Slab ( ) Acres Disturbed .53 Stories 2

Regency Homes Inc. 910-424-0455  
Building Contractor's Company Name Telephone

6506 Dental Lane Fayetteville, NC 28314 32067-U  
Address License #

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

**Electrical Permit Information**

Description of Work Electric Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes () No ( ) Underground () Overhead ( )

Permanent Service: Underground () Overhead ( ) Service Size: 200 Amps

Lonnie Smith Elec. 910-978-6638  
Electrical Contractor's Company Name Telephone

1063 Carl Freeman Rd Stedman, NC 28391 25606-L  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC

Number of Units 2 Type System Electric Mechanical Cost \$ \_\_\_\_\_

McGowan Heating & Air, Inc. 910-424-3350  
Mechanical Contractor's Company Name Telephone

1722 Gillespie St Fayetteville, NC 28306 22474  
Address License #

Michael McGowan (Lic # 23108) bought out by McGowan  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing

Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Bill Hallock Plumbing 910-858-4139  
Plumbing Contractor's Company Name Telephone

24218 NC Hwy 71N Parkton, NC 24037  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

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

Tri-City Insulation 418 Person St Fayetteville, NC 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

Application # 06-50016232

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2783  
www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Regency Homes Inc Phone: 910-424-0455

Owner (s) Mailing Address: 6556 Dental Lane  
Fayetteville, NC 28314

Land Owner Name (s): Regency Homes Inc Phone: 910-424-0455

Construction or Site Address: 292 Checkmate Ct

PIN or Parcel #: 09-9564- - -0101- -50-

Job Cost: \_\_\_\_\_ Description of Work to be done HVAC

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_\_\_ Gas Piping \_\_\_\_\_  
Electrical: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other \_\_\_\_\_  
Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Lillington:  
NC 27 @ NC 24 @ Cameron Hill Rd @ Yorkshire  
@ Checkmate Ct

Subdivision: Yorkshire Plantation Lot #: 145

I Certified Heating & Air (Contractors Name) have provided or will provide the Mechanical (Trade) labor on this structure. I am the building owner or hold a NC state Heating & Air (Trade) license number 20012, 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 and local laws, ordinances and regulations.

Structure owner(s) signature: [Signature] Date: 5-10-07

Company Name: Certified Heating & Air Phone: 910-858-0000  
Address: PO Box 1071 Hope Mills, NC 28348  
County: Cumberland Contractor's License #: NC 20012H3CLASS I  
Contractor's Signature: Frank E Parker, Jr. Date: 5/8/07  
\*Company name, address, & phone must match information on license.

12/01

**Application for Building and Trade Permit**

Owner's Name: Regency Homes Inc. Date: \_\_\_\_\_  
Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455  
Directions to job site: 1000 Hwy 27 (W) Hwy 24 (E) Cameron Hill Rd (B) Yorkshire Dr.  
(D) Checkmate

Subdivision: Yorkshire Plantation Lot: 145  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: Residence  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2480 Crawl Space   
Unheated SF 576 Slab ( )  
Building Contractor's Company Name: Regency Homes Inc.  
6506 Dental Lane Fayetteville NC  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_  
Building Construction Cost \$ \_\_\_\_\_  
Acres Disturbed 0.64 Stories 2  
Telephone: 910-424-0455  
License #: 32067-4

**Electrical Permit Information**

Description of Work: Electric Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
Lonnie Smith Electric Telephone: (910) 958-6638  
Electrical Contractor's Company Name: \_\_\_\_\_  
1263 Carl Freeman Rd License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_

**Mechanical Permit Information**

Description of Work: Mechanical Mechanical Cost \$ \_\_\_\_\_  
Number of Units: 2 Type System: Exc  
Mike's Heating & Air Telephone: 23108  
Mechanical Contractor's Company Name: \_\_\_\_\_  
409 Sutton Rd License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_

**Plumbing Permit Information**

Description of Work: Plumbing Plumbing Cost \$ \_\_\_\_\_  
Number of Baths: \_\_\_\_\_  
Bill Hallock Telephone: 858-4139  
Plumbing Contractor's Company Name: \_\_\_\_\_  
24518 NC Hwy 71 N Packton License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Tri-City Insulation Telephone: 910-486-8855  
Insulation Contractor's Company Name: \_\_\_\_\_  
418 Brown St Fayetteville NC Address: \_\_\_\_\_

**Sprinkler System Information**

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

**Fire Alarm System Information**

_____ 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 X

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 Division of any and all changes.

_____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ Date
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**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: Regency Homes Inc.

By/Title: Jim Poczylowski/Owner

Date: \_\_\_\_\_

AA-6

REGENCY

11-22-06

Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

0650016232  
\$198,554  
3056

- 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