

* 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 # 06-50016233
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: 12-4-6

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: 146

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 2466 Crawl Space () Building Construction Cost \$ _____
Unheated SF 592 Slab () Acres Disturbed .51 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 Meant (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 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 @ Hwy 24 @ Cameron Hill Rd @ Yorkshire Dr.
1 Checkmate

Subdivision: Yorkshire Plantation Lot: 146
 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 2466 Crawl Space
 Unheated SF 590 Slab ()
 Building Construction Cost \$ _____
 Acres Disturbed .58 Stories 2
910-424-0455
 Building Contractor's Company Name Regency Homes Inc. Telephone 32067-4
6506 Dental Lane Fayetteville NC License # _____
 Address _____
 Signature of Officer(s) of Corporation _____

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) 925-6638
 Electrical Contractor's Company Name _____
1063 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 Elec
Mike's Heating & Air Telephone 23108
 Mechanical Contractor's Company Name _____
409 Sutton Rd License # _____
 Address _____
Michael Meant
 Signature of Officer(s) of Corporation _____

All attached

Plumbing Permit Information

Description of Work Plumbing Plumbing Cost \$ _____
 Number of Baths _____
Bill Hallock Telephone 858-4139
 Plumbing Contractor's Company Name _____
24218 NC Hwy 21 N Puckett License # 24037
 Address _____
 Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
Tri-City Insulation Address 412 Packer St Fayetteville NC Telephone 910-486-8855
 Insulation Contractor's Company Name _____

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 _____

**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 # 0650016233
Valuation 198,684
Sq. Ft 3038

- 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