

\* 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 # 0650016249

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: Hamel Date: 11/21/06  
Address: 16 Box 722 Dunn, NC 28375 Phone: 892-4345  
Directions to job site from Lillington: 27 W (TL) on Appleton Hwy

Subdivision: Laurel Valley Lot: 507

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_  
**General Contractor Information**  
Heated SF 2366 Crawl Space ☒ Building Construction Cost \$ 97,500  
Unheated SF 674 Slab ☐ Acres Disturbed \_\_\_\_\_ Stories 2

Danny Norris  
Building Contractor's Company Name Telephone 892-4345  
16 Box 722 Dunn NC 28375 License # 17113  
Address \_\_\_\_\_

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

**Electrical Permit Information**  
Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ☒ No ☐ Underground ☒ Overhead ☐  
Permanent Service: Underground ☒ Overhead ☐ Service Size: 200 Amps  
Wester & Pace Telephone 919-499-5389

Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC License # 1200-76  
Address \_\_\_\_\_

William Wester  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work New Mechanical Cost \$ \_\_\_\_\_  
Number of Units 2 Type System Heat Pump  
Jacksons Heating & Air Telephone 910-891-5410  
Mechanical Contractor's Company Name  
PO Box 82 Benson, NC License # 23670  
Address \_\_\_\_\_

David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2 1/2  
Glover Contract Plumbing Telephone 910-892-1612  
Plumbing Contractor's Company Name  
PO Box 726 Coats, NC License # 23160  
Address \_\_\_\_\_

Sharon Glover  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ☐ Other ☐ Not Required ☐  
TRI CITY Insulation 418 Person St. Fay. NC Telephone 910 486-8855  
Insulation Contractor's Company Name & Address

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

**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

11/21/06  
\_\_\_\_\_  
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: Home Co Builders

By/Title: Darryl Harris

Date: 11/29/06

AA-1

DANNY NORRIS  
11-28-06

## Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft0650016249  
#194,266  
2996Seq

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

Seq

60 ☐ Two Trade Final > 2500

60 ☐ One Trade Final

60 ☐ One Trade Final > 2500

999 ☒ Envir. Operations Permit