

\* 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 # 0650016257

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: PO Box 727 Olan, NC 28375 Phone: 892-4345  
Directions to job site from Lillington: 27 W (TL) on Appleton Way

Subdivision: Laurel Valley Lot: 58

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: \_\_\_\_\_

Heated SF 2653 Crawl Space (Y) **General Contractor Information**  
Unheated SF 600 Slab ( ) Building Construction Cost \$ 112,800  
Acres Disturbed \_\_\_\_\_ Stories 2

Danny Norris  
Building Contractor's Company Name Telephone 892-4345  
PO Box 727 Olan NC 28375 License # 17113  
Address \_\_\_\_\_

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

Danny Norris **Electrical Permit Information** Electrical Cost \$ \_\_\_\_\_

Description of Work New  
TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps

Wester & Pace  
Electrical Contractor's Company Name Telephone 919-499-5389  
546 Leslie Dr. Sanford, NC License # 1200-76  
Address \_\_\_\_\_

William Wester  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work New  
Number of Units 2 Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_

Jacksons Heating & Air  
Mechanical Contractor's Company Name Telephone 910-891-5410  
PO Box 82 Benson, NC License # 23670  
Address \_\_\_\_\_

David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New  
Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_

Glover Contract Plumbing  
Plumbing Contractor's Company Name Telephone 910-892-1612  
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

**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 11/21/06

**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 Morris

Date: 11/29/06

AA-1

DANNY NORRIS  
11-28-06

# Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

0650016251  
\$210,184  
3235

## Seq

- 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