* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # $\underline{\mathcal{D}}$

0650016436

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

9CANNED 11-16-10

Application for Residential Building and Trades Permit

Owner's Name: Family Home Construction Inc.	Date: 11/8/2010	
Site Address: 15 Jaylin Blvd Spring lake NC 28390	Phone: 9103211002	
Directions to job site from Lillington: Hwy 210 S., Right on to Ray F	Rd, Left on Churchville Creeks RD, Left on to Jaylin	
Subdivision: Jaylin Oaks	Lot: 12	
Description of Proposed Work: New Home Construction	# of Bedrooms: 24	
Heated SF: 2048 Unheated SF: 963 Finished Bonus Ro	oom? Crawl Space: Slab:	
General Contractor Info		
Family Home Construction	910.321.1002	
Building Contractor's Company Name	Telephone	
2653 Hope Mills Rd. Ste 9 Favetteville NC 28306	JoeRealtor@nc.rr.com	
Address	Email Address	
form fr	67949	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Info	License #	
Description of Work New Construction Service	e Size: 200 Amps T-Pole: YesNo	
Glemaker Electric LLC	9104254915	
Electrical Contractor's Company Name	Telephone	
5755 Crenshaw Dr. Hope Mills NC 28348	N/A	
Address (1)	Email Address	
1 Smr & domail	13202-U	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HVAC Contracto	<u>r Information</u>	
Description of Work HVAC w/ duct work		
Jones & Jones Heating & Air	910.424.7702	
Mechanical Contractor's Company Name	Telephone	
5217 Marracce Dr. Hope Mills NC 28348	N/A	
Address	Email Address	
1 / Show	H 2 & # 11614 class 1	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info	License #	
	_	
Description of Work New Construction	# Baths_2 910.624.2670	
Chris Holloway Plumbing	Telephone	
Plumbing Contractor's Company Name	releptione	
737 Old NC 20 St Pauls NC 28384	Email Address	
Audiess /// XL 0 /	28541	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Inf		
Insulating Inc PO Box 2741 Sanford NC 27330	919.776.4138	
Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own Hom Please answer the following questions then see a Permit Technician to determine if you qualify for permit up to the provided of Buildian Report (Management Control of Bu	nder Ow		
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo ava	liable u	pon request)	
Do you own the land on which this building will be constructed?	Yes	No	
Have you hired or intend to hire an individual to superintend and manage construction of the project?	Yes	No	
3. Do you intend to directly control & supervise construction activities?	Yes	No	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	Yes	No	
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?		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 <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
/ / / / / / / / / / / / / / / / / / / /	4.4		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
The undersigned applicant being the.			
General Contractor Owner Officer/Agent of the Contractor	tor or (Owner	
General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation	(s) perf	orming the work	
General Contractor Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	(s) perf urance	forming the work to cover them.	
General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor On hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation ins Has one (1) or more subcontractors(s) and has obtained workers' compensation	(s) perf urance on insur	to cover them.	
	(s) perf urance on insur	to cover them.	
General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor of the permit of them. Has three (3) or more employees and has obtained workers' compensation in the permit of them. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the CD Department issuing the permit may require certificates of coverage of worker's compet to issuance of the permit and at any time during the permitted work from any person, carrying out the work.	(s) perfurance on insurance mpensa	to cover them. ance to cover ation insurance	
Owner Officer/Agent of the Contractor Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation instance. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. Has one (1) or more subcontractors(s) who has their own policy of workers' cocovering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the Coppartment issuing the permit may require certificates of coverage of worker's competo issuance of the permit and at any time during the permitted work from any person, carrying out the work. Company or Name: Family Home Construction Inc.	(s) perfurance on insurance mpensa	to cover them. ance to cover ation insurance Permitting insurance prior corporation	

Plan Box Number 8-2

Required Inspections for SFA/SFD

Sequence

10	P* Plda Footing
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
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
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