

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

Application # 0750016500

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

Application for Residential Building and Trades Permit

Owner's Name: David Carroll Homes Inc Date: 2/9/11
Site Address: Sherman Pines Dr Phone: _____
Directions to job site from Lillington: 401 towards Ruyway L/ into Sherman Pines lot is on right

Subdivision: Sherman Pines Lot: 11
Description of Proposed Work: SFO # of Bedrooms: 3
Heated SF: 1900 Unheated SF: 500 Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

David Carroll Homes Inc Telephone: 919-669-7999
Building Contractor's Company Name
8117 Robincrest Ct F-V
Address
David Carroll Email Address: 55230
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work SFO Service Size: 200 Amps T-Pole: Yes No
GSIC inc Telephone: 552-0066
Electrical Contractor's Company Name
7301 Pather Lake Rd Willow Springs Email Address: _____
Address
David Carroll License #: 21453
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work SFO
JCs Heating and Cooling Telephone: 919-369-2657
Mechanical Contractor's Company Name
Wade Stephens Rd Holly Springs Email Address: _____
Address
David Carroll License #: 12655
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work Camden Plumbing SFO # Baths: 2.5
Camden Plumbing Rd Telephone: 919-669-4650
Plumbing Contractor's Company Name
Burt Rd F-V Email Address: _____
Address
David Carroll License #: 18903
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Tatum Telephone: 919-661-0999
Insulation Contractor's Company Name & Address

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

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? Yes No
2. 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? 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, 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.

David Carroll
Signature of Owner/Contractor/Officer(s) of Corporation

2/9/11
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering 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 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.

Company or Name: David Carroll Home, Inc
Sign w/Title: David Carroll President Date: 2/9/11

✓

CRAWL

Plan Box Number Fib.

Job Name David Carroll Homes

Date: 1-31-11

Required Inspections for SFA/SFD

07-50016500

Appl. # ~~FF-500~~

Valuation #166828

Sq. Feet 2303

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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