

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: SERGIO VARINCA Date: 12-20-06
Address: 104 TAMPA DR FVARINA NC 27526 Phone: 919 868 6211
Directions to job site: _____

Subdivision: FIELD STONE Lot: 9
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: BUILD NEW HOUSE AND DETACHED 3 CAR GARAGE
Total Project Cost: 280,000.-

Building Permit Information

Heated SF _____ Crawl Space Building Construction Cost \$ 280,000
Unheated SF _____ Slab () Acres Disturbed 3.9 Stories 1
SELF

Building Contractor's Company Name _____ Telephone owner
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work NEW WORK Electrical Cost \$ 8,000.00
TS Pole: Yes () No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
SELF 919-868 6211

Electrical Contractor's Company Name _____ Telephone owner
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work AC + HEAT FOR NEW HOUSE
Number of Units 3 Type System HEAT - AC Mechanical Cost \$ 10,000
TATUM REFRIGERATION 919-557 6340

Mechanical Contractor's Company Name _____ Telephone 18981
Address 105 DICKENS RD F.VARINA 27526 License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work PLUMBING FOR NEW HOUSE
Number of Baths 5 1/2 Plumbing Cost \$ 12,000
CAMDEN 919-557-1584

Plumbing Contractor's Company Name _____ Telephone 18903
Address PO BOX 1359 F.VARINA 27526 License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
INSULATING INC. 1212 HOME CT. Raleigh 919 772 9000
Insulation Contractor's Company Name _____ Address 27603 Telephone _____

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

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

12-20-06
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: SERGIO VARINCA

By/Title: OWNER

Date: 12-20-06

**Commercial Jobs must fill out this portion
Sprinkler System Information**

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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

Sign & date

1-04-07

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

1-04-07

Plan Box Number A-5

Job Name 0750016511

Date: 1-4-07

Required Inspections for SFA/SFD

Appl. # 0750016511

Valuation \$257,288

Sq. Feet 3960

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit