* 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 #_

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Phone 910-893-7525	Fax 910-893-2793 www.harne	ett.org
	ential Building and Trac	
Owner's Name: Willie Sunto	Lassifue X	Date: 1-18-4008
Owner's Name: Willie Sunco Site Address: 253 Nottone Ro	Lillingfor hone:	9/0-893-9/16
Directions to job site from Lillington:	27 west to	rn Left on
to Norrington Kal ox		
	MESC, STORY	
Subdivision:	[_ot:
Subdivision:		#Bedrooms: L
Heated SF 2400 Unheated SF Finis		
General C	ontractor Information	
Building Contractor's Company Name	Telephone	
	·	CYLDOC
Address 111 0		License #
a Miller Jumer Lass To	Must sign & fill out	second page
Signature of Owner/Contractor/Officer(s) of Corpo	oration	
Description of Work	I Permit Information Service Size:	Amns TPole: ves/no
Description of Work	JOI 1100 0120	111pg 11 old. yaa/110
Electrical Contractor's Company Name	Telephone	
• •	·	mere
Address // O		License #
Willer Junior 1- 20 to		
Signature of Officer(s) of Corporation		
<u>Mechanic</u>	al Permit Information	
Description of Work		
		
Mechanical Contractor's Company Name	Telephor	10
		Lieure #
Address / // A	and ing	License #
alle Janon Just		
Signature of Officer(s) of Corporation Plumbing	g Permit Information	
Description of Work		# Baths
Plumbing Contractor's Company Name	Telephor	ne
	•	aure
Address / 1		License #
Willie James Jarak		
Signature of Officer(s) of Corporation		
<u>Insulation</u>	Permit Information	
owner.		
Insulation Contractor's Company Name & Addres	S	Telephone

ΑĐ	plication	#			

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)				
Do you own the land on which this building will be constructed?				
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno				
3. Do you intend to directly control & supervise construction activities? no				
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?				
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?				
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. Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
And an internal and but an article and an article and an article and an article and article article and article article and article article and article article article and article articl				
•				
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:				
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				
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:				
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				
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				
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.				
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				

Plan Box Number <u>4-2</u>

Job Name WILLIE LASTER

Date: 11-27-07

Required Inspections for SFA/SFD

Appl. # 07500/6596 Valuation # 155, 931 Sq. Feet 2400

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
	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
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