

* 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 # 07-5006612

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: Turner Matthews Date: 6/6/07
Address: ~~425~~ 140 Wild Winds Drive Phone: 910 984 4028
Directions to job site from Lillington: Highway 27 To Coats TL on
55 Highway in Coats. Approx 2 miles subdivision on left:
Subdivision: Wild Winds Lot: 200 yds. West lot on right.

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

Total Project Cost: 160,000 Description of Proposed Work: New Home

General Contractor Information

Heated SF 1652 Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed .65 Stories 1 1/2

Turner Matthews Construction Inc. 910 984 4028
Building Contractor's Company Name Telephone
475 Harrell Rd. 27521 Coats NC 63204
Address License #

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Patrick + Burgess Elect. Co. Inc. 893-5774
Electrical Contractor's Company Name Telephone
1309 N. Main St Lillington NC 27546 49104
Address License #

Signature of Officer(s) of Corporation
Tommy Patrick

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ 4

J + M Heating & Air Cond. 910 897 5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd. Dunn NC 28334 17164
Address License #

Signature of Officer(s) of Corporation
Kent Johnson

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Wagner Plumbing 910 893 3050
Plumbing Contractor's Company Name Telephone
86 Mamers Rd. Mamers NC 27552 7674
Address License #

Signature of Officer(s) of Corporation
James Roy Wagner

Insulation Permit Information Residential () Other () Not Required ()

Insulating Inc. 1212 Home Court Raleigh NC 919 722 9000
Insulation Contractor's Company Name & Address Telephone
27603

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 _____

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 6/12/07

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

The undersigned applicant for Building Permit # _____ 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/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: Turner Matthews Construction Inc

Sign/Title: *[Signature]*

Date: 6/11/07

Plan Box Number A2

Job Name Turner Matthews Const.

Date: 6-12-07

Required Inspections for SFA/SFD

Appl. # 07-500 16612

Valuation 159 570

Sq. Feet 2456

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	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit