

* 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 # 07-50016659

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

Application for Residential Building and Trades Permit

Owner's Name: Tom Developers Inc. Date: 3-27-08
Site Address: 100 New River Ct. Angier 27501 Phone: 919-639-2073
Directions to job site from Lillington: Hwy 218 towards Angier, left on James Norris Rd, slt on right

Subdivision: Autumn Point Lot: 23
Description of Proposed Work: single family dwelling #Bedrooms: 3
Heated SF 1367 Unheated SF 629 Finished Rec Room? no Crawl Space (4 Slab ()

General Contractor Information

Bradley Built, Inc. 919-639-2073
Building Contractor's Company Name Telephone
466 Stancil Rd., Angier NC 27501 54519
Address License #
[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Residential Service Size: 200 Amps TPole: yes/no
Stancil-Owen Electrical, Inc. 919-639-2073
Electrical Contractor's Company Name Telephone
466 Stancil Rd., Angier, NC 27501 13075-L
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Residential
JC's Heating & Air 919-552-6258
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd., Holly Springs, NC 12655-H3
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Residential # Baths _____
Barnes Plumbing, Inc. 919-639-0935
Plumbing Contractor's Company Name Telephone
PO Box 1207, Angier, NC 27501 P17735
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulating, Inc., 1212 Home Ct., Raleigh, NC 27603 919-772-9000
Insulation Contractor's Company Name & Address Telephone

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.

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:

 X 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:

 X 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.

 X 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: Bradley Built, Inc.

Sign w/Title: [Signature] President Date: 3-27-08

Plan Box Number AA 9

Job Name Bradley Built

Date: 1-26-07

Required Inspections for SFA/SFD

Appl. # 07-5-16659

Valuation 134 816

Sq. Feet 2075

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		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		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