

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  
Telephone Number 910-893-7525 www.hamett.org  
**Application for Building and Trade Permit**

Owner's Name: BIL + BECKY STEADMAN Date: 26 JAN 09  
Address: 305 BEAK PATCH LN CALIECH NC Phone: 919-395-1815

Directions to job site from Lillington: NC 210 WEST, TC ANDERSON CREEK RD.  
T.P. LEMUEL BLACK RD, CATWEST ON RIGHT

Subdivision: CATWEST Lot: 14

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

Total Project Cost: 110000 Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 2611 Crawl Space (M) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 492 Slab ( ) Acres Disturbed .06 Stories 2

THE QUEST DEVELOPMENT CO. OF DUNN INC, 910-237-1853  
Building Contractor's Company Name Telephone

P.O. 2121 DUNN NC 28335 60521  
Address License #

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes (M) No ( ) Underground (M) Overhead ( )

Permanent Service: Underground (M) Overhead ( ) Service Size: 200 Amps

BLED SESSOMS ELECTRIC 910-567-5630  
Electrical Contractor's Company Name Telephone

189 MARIE LANE ASTLEYVILLE 18595-L  
Address License #

Doug Seaman  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_

Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ \_\_\_\_\_

JANDM HEATING AND A/C 910-897-5501  
Mechanical Contractor's Company Name Telephone

724 TULLINGTON RD. DUNN N.C. 28334 17164  
Address License #

Kent Johnson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_

Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_

Dale's Plumbing (910) 897-3310  
Plumbing Contractor's Company Name Telephone

11640 Harnett-Dunn Hwy Dunn NC 12053  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

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

TRI-CITY INSULATION 1643 OLD WILMINGTON HWY 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

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

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
License #

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
License #

**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.

\_\_\_\_\_  
X Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
X Date 26 JAN 07

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

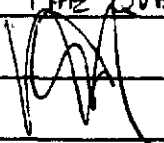
The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: THE QUEST DEVELOPMENT CO. OF DUNN INC.  
Sign/Title:  PRESIDENT  
Date: 22 JAN 07

Plan Box Number B 2

Job Name Gate West (Howell)

Date: 6-24-18

Required Inspections for SFA/SFD

Appl. # 07-500 16748

Valuation #203166

Sq. Feet 3127

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		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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