

* 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 # 07-50011801
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

H/C

ENCLOSURE
2-27-07
2-27-07

Owner's Name: LONNIE JONES Date: 2-27-07
Address: 3779 BARBER Mill Rd. Phone: 919-553-6959

Directions to job site from Lillington: 421 N to Old 421 Turn Left S/D Approx
1/2 miles or Left. Lot on Left just before end of de'SAR

Subdivision: SHAYLAW'S Knoll Lot: 18

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

Total Project Cost: 115,010 Description of Proposed Work: SFD

General Contractor Information
Heated SF 1643 Crawl Space () Building Construction Cost \$ 101,000
Unheated SF 0 Slab () Acres Disturbed 0.1 Stories 1 1/2

Lewis Jones, Builder 919-553-3652
Building Contractor's Company Name Telephone
3779 BARBER Mill Rd. Clayton, NC 27520 20942
Address License #

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

Electrical Permit Information
Description of Work SFD Electrical Cost \$ 2600

TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

Brewer's Electric 919-936-2694
Electrical Contractor's Company Name Telephone
115 Brewer Lane PRINCESTON, NC 27569 23906
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work SFD

Number of Units 1 Type System Heat Pump Mechanical Cost \$ 3000
LEE HVAC 919-553-3652

Mechanical Contractor's Company Name Telephone
PO Box 626 Clayton, NC 27520
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work SFD

Number of Baths 2 Plumbing Cost \$ 4000

GRADY'S Plumbing 919-284-3093
Plumbing Contractor's Company Name Telephone

PO Box 228 Micro, NC 27555 19805
Address License #

[Signature]
Signature of Officer(s) of Corporation

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

TA the INSULATION INC 519 Old Drug Store Rd GARNER NC 919-661-0899
Insulation Contractor's Company Name & Address Telephone
27524

Commercial Jobs must fill out this portion	
<u>Sprinkler System Information</u>	
_____ Sprinkler Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	
<u>Fire Alarm System Information</u>	
_____ Fire Alarm Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	
<u>Driveway Access</u> - 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

**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: Lonnie Jones, Builder

Sign/Title: [Signature] OWNER

Date: 2/22/09

Plan Box Number A-6

Job Name LONNIE JONES

Date: 2-28-07

Required Inspections for SFA/SFD

Appl. # 0750016801
Valuation # 147,031
Sq. Feet 2263

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

Application # 07 16801

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

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Louvie Jones Phone: 919-553-3652

Owner (s) Mailing Address: 3779 BARBER mill Rd.
CLAYTON NC 27520

Land Owner Name (s): Louvie Jones Phone: 919-553-3652

Construction or Site Address: LOT 18 SHAYLAHS Knoll

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done ELECT. FINAL

Mechanical: New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____

Electrical*: 200 Amp <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths 2 Water Heater 1 40 GAL

Specific Directions to Job from Lillington:

210 - To 421 TOWARD SANFORD
MAKE LEFT ON old 421 sub-division on left
appx. Smiler SHAYLAHS Knoll

Subdivision: SHAYLAHS Knoll Lot #: 18

MARK PORTER
I Mark Porter will provide the Elect labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 24726, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Louvie Jones Date: 5-21-10

Company Name: Light Year Elect Service Phone: 919-936-0020

Address: PO Box 974

County: PRINCETON NC 27569 Contractor's License #: 24726

Contractor's Signature: Mark Porter Date: 5-21-10

*Company name, address, & phone must match information on license.

TO: HARNETT COUNTY PERMITTING

U Lonnie Jones Builder am
changing Electrician on application "
_____ from Brewers Elect. to
Light Year Elect. Service - Mark Porter
license # 24726

Thank you
Lonnie Jones