07 New

\* 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
ephone Number 910-893-7525 www.barnett.org

Telephone Number 910-893-7525 www.hamett.org Application for Building and Trade Permit Owner's Name Construction Type: (Please Check) Building Use: (Please Check) Moved House ✓ Residential Commercial Renovation Addition Other Modular Multi-Family Total Project Cost: 12500 Description of Proposed Work: General Contractor Information Heated SF /220 Crawl Space (\*) **Building Construction Cost \$** Unheated SF Acres Disturbed Stories 910 89043 Building/Contractor's Addiness 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 ( No ( ) Underground () Overheard () Permanent Service: Underground ( Overhead ( ) 200 Service Size: Amps Patrick+ Burgess Elect. Co. Electrical Contractor's Company Name Address Mechanical Permit Information Description of Work Number of Units Type\_System Mechanical Cost \$ 910 89 Mechanical Contractor's Company Name Telephone Address Signature of Office (s) of Corporation Plumbing Permit Information Description of Work Number of Baths 5,000,00 Plumbing Cost \$ Plumbing Contractor's Company Name 86 Mamers Address Mamers NC 27552 Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required () Home Court Insulation Contractor's Company Name & Address Telephone

	Application #		
2ial lab	s must fill out this portion		
Commercial Job Sprinkler S	System Information		
<del></del>		<u> </u>	
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 <u>Driveway Access</u> - NC Department of Tra	nsportation Driveway Access/Permit?	es No	
Please answer the following questions then see a Permit 1			
Questionnaire per G.S. 87-14 Regulations a	s to Issue of Building Permits (Memo av	allable upon request)	
1. Do you own the land on which this bui			
2. Have you hired or intend to hire an income the project?	3	110	
3. Do you intend to directly control & sup			
4. Do you intend to schedule, contract, o be done?	or directly pay for all phases of cons	struction work to 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?			
creates the presumption under law that y		yes no	
Sign & date			
I hereby certify that I have the authority to make and that the construction will conform to the Mechanical codes, and the Harnett County Zor contractors is correct as known to me and if any building and trade plans, Environmental Health my responsibility to notify the Harnett County Canada Wathers	regulations in the building, Electrost, ning Ordinance. I state the information of changes occur including listed contractors permit changes or proposed use changes	on the above ors, site plan, i, I certify it is I changes.	
Signature of Owner/Contractor/Officer(s) of Corp			

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

The undersigned applicant for Building Permit # 07500 /6852 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 Permittin 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: Crong Matthews Realty che
Sign/Title: Orang Matthews / Pres
Date:3-8-07

Job Name Craig MAThews

Date: 3-9-67

## Required Inspections for SFA/SFD

Appl. # 07-5-16852 Valuation 79 265 Sq. Feet 1220

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20 /	Address Confirmation
30-999	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	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
	1