

* 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 # 0750016911

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

Application for Residential Building and Trades Permit

Owner's Name: T+T Properties Date: 4-24-09
Site Address: _____ Phone: 919-906-4069
Directions to job site from Lillington: 421 N. Rt at light at Seminole
Rt on McLeod, cross over into Harnett county
4th lot on Rt.

Subdivision: _____ Lot: 3
Description of Proposed Work: New Construction #Bedrooms: 5
Heated SF 7980 Unheated SF 394 Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

Thomas Properties of Harnett Co 919-906-4069
Building Contractor's Company Name Telephone
P.O. Box 875 Broadway, N.C. 27505 59452
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work New Construction Service Size: 200 Amps TPole: yes/no
Wester+Pace 919-499-3946
Electrical Contractor's Company Name Telephone
546 Leslie Rd Sanford 12007-0
Address License #

Signature of Officer(s) of Corporation William Wester

Mechanical/HVAC Permit Information

Description of Work HVAC New Construction
Yellow Dot Heating Air 919-754-8686
Mechanical Contractor's Company Name Telephone
1203 New Hope Rd Raleigh 06706
Address License #

Signature of Officer(s) of Corporation Gunn Papp

Plumbing Permit Information

Description of Work New Construction # Baths 3
Jamie Johnson Plumbing 910-591-8111
Plumbing Contractor's Company Name Telephone
1490 Clark Rd Lillington 21649
Address License #

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Tri-city insulation 910-486-8855
Insulation Contractor's Company Name & Address Telephone

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, 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 & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie John Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 Clark Rd.

Lillington N.C. 27544

County: Harnett

Contractor's License: 21649

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

4-24-09
Date

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

The undersigned applicant 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 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.

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: Thomas Properties

Sign w/Title:  owner Date: 4-24-09

CRAWL

Plan Box Number A-1

Job Name Thomas Prop.

Date: 4-27-09

Required Inspections for SFA/SFD

Appl. # 0750016911

Valuation \$219,214

Sq. Feet 3374

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 type="checkbox"/> | Four Trade Rough In |
| 40 | <input checked="" 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 type="checkbox"/> | Four Trade Final |
| 50 | <input checked="" 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 |

CRAWL
GARAGE

Plan Box Number A-1

Job Name THOMAS PROP.

Date: 4-30-09

Required Inspections for SFA/SFD

Appl. # 0750016911
Valuation \$ 219,214
Sq. Feet 3374

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 |
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| 999 | <input checked="" type="checkbox"/> | Envir. Operations Permit |