

Application for Building and Trade Permit

Owner's Name: RANDY STEPHENSON Date: 3-01-07
Address: PO Box 3 BENSON NC 27504 Phone: 919-524-8763
Directions to job site: 421 E TO 27 TO COATS - LH 55 GO APPROX 3 MI. RH ON SILAS HAYES - HUNTERS POINT BN RH

Subdivision: HUNTERS POINT Lot: 13
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: NEW HOME CONSTRUCTION
Total Project Cost: 113,000.00 INC LOT

Building Permit Information

Heated SF 1392 Crawl Space Building Construction Cost \$ 84,000.00
Unheated SF, Slab _____ Acres Disturbed .508 Stories 1
STEPHENSON PROPERTIES Telephone 919-894-4436
Building Contractor's Company Name _____ Telephone 29769
PO Box 3 BENSON NC 27504 License # _____
Address _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work RESIDENTIAL WIRING Electrical Cost \$ 4000.00
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
BYRD ELECTRIC CO. Telephone 919-894-2587
Electrical Contractor's Company Name _____ Telephone 20256-L
143 MINGO RD - BENSON NC 27504 License # _____
Address JOHNNY BYRD
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work RES HVAC Mechanical Cost \$ 4250.00
Number of Units 1 Type System ELEC HEAT PUMP
BEASLEY HEATING & AIR Telephone 919-894-4248
Mechanical Contractor's Company Name _____ Telephone 9497
RT1 - Box 297 COATS NC 27521 License # _____
Address Brent Beasley
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work RES PLUMBING Plumbing Cost \$ 4200.00
Number of Baths 2 Telephone 919-963-2400
CAPP'S PLUMBING Telephone 13214
Plumbing Contractor's Company Name _____ License # _____
PO Box 597 FOUR OAKS NC 27524
Address Phillip Wood
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other Not Required
TATUM INSULATION Address 5533 NC HWY 42W GARNER NC Telephone 919-661-0999
Insulation Contractor's Company Name _____

Commercial Jobs must fill out this portion
Sprinkler System Information

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

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

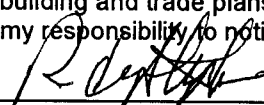
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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.



Signature of Owner/Contractor/Officer(s) of Corporation

3.02.07

Date

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

The undersigned applicant for Building Permit # _____ being the:

- 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: STEPHENSON PROPERTIES
By/Title: R. de [Signature] / OWNER
Date: 3/01/07

Plan Box Number F-7

Job Name RANDY STEPHENSON

Date: 03-02-07

Required Inspections for SFA/SFD

Appl. # 07500/7001

Valuation \$137,221

Sq. Feet 2112

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

Plan Box Number F-7

Job Name RANDY STEPHENSON

Date: 4-12-07

Required Inspections for SFA/SFD

Appl. # 0750017001
Valuation #133,323
Sq. Feet 2052

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	<input checked="" type="checkbox"/>	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