

09/09/11

Application #

07 500 170 26

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

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Chad Anderson Date 11-30-11
Site Address 31 Whit Tail Path Phone 910-890-6870
Directions to job site from Lillington Highway 421 towards Dunn Right onto Old Stage Road, Right onto Thorntons Creek Drive Right onto Deer Path Farm Road, Lot on Left
Subdivision Deer Path Farms II Lot 13
Description of Proposed Work Build 2928 SF House # of Bedrooms 4
Heated SF 2928 Unheated SF 813 Finished Bonus Room? Y Crawl Space Slab

General Contractor Information

Stand Sure Custom Homes Inc. 910-890-6870
Building Contractor's Company Name Telephone
PO Box 1072 Coats N.C. 27521 Stand Sure Custom Homes@yahoo.com
Address Email Address
709.22
License #

Electrical Contractor Information

Description of Work _____ Service Size 400 Amps T-Pole Yes No
As Owner
Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work _____
As Owner
Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
As Owner
Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

As Owner
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

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

11-30-11
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 Stead Sure Custom Homes Inc

Sign w/Title _____ Date 11-30-11

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G S 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered

31 White Tail Path Erwin NC 28329

I, Daniel Chad Anderson

(Print Full Name)

hereby claim an exemption from licensure under G S 87 1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following

1 DCA I certify that I am the owner of the property set forth above on which this building is to be constructed or altered,

OR

DCA I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation _____),

2 DCA I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina,

3 DCA I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina,

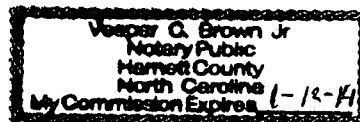
4 DCA I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G S 87-1(b)(2) for the building construction or alteration specified herein I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G S 153A-362 or G S 160A-422

Daniel Chad Anderson
(Signature of Affiant)

11-30-11
Date

Sworn to (or affirmed) and Subscribed before me
this the 5 day of 12, 2011

Vesper C. Brown Jr
Signature of Notary Public
Vesper C. Brown Jr
Printed Name of Notary Public



My Commission Expires 1-12-14

(Notary Stamp or Seal)

(NOTE It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G S 14 209)

Plan Box # A8

Date 11-17-11

Job Name Anderson

App # 0750017020

Valuation \$225191

SQ Feet 3466

Inspections for SFD/SFA

Crawl

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500

>2500 _____

>2500 _____

Foundation Survey _____

Envir Health

Other _____



Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____