

* 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
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: HEAVENLY HOMES - KEVIN R SWARTZ, INC Date: 6-6-07
Address: PO Box 1088 Holly Springs NC 27540 Phone: 919-342-5134

Directions to job site from Lillington: 210 TOWARDS ANGLE TURN LEFT ON HARNETT CENTRAL RD, TURN RT ON BRIAN KEITH LOT 17 STRAIGHT AHEAD.

Subdivision: BRIAN-KEITH MEADOWS Lot: 17

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

Total Project Cost: 16500 Description of Proposed Work: NEW RESIDENCE

General Contractor Information

Heated SF 2199 Crawl Space Building Construction Cost \$ 145000
Unheated SF 0 Slab Acres Disturbed .2 Stories 2

HEAVENLY HOMES - KEVIN R SWARTZ, INC 919 342-5134
Building Contractor's Company Name Telephone
PO Box 1088 Holly Springs, NC 27540 37499
Address License #

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

Electrical Permit Information

Description of Work 200 AMP SERVICE Electrical Cost \$ 5500
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps

DUPRE WHOLEY ELECTRIC CO 919 524-4064
Electrical Contractor's Company Name Telephone
727 BERTIE HELGUTH RD SELMA NC 27576 L22893
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL NEW SYSTEMS NEW CONSTRUCTION
Number of Units 2 Type System HEAT PUMPS Mechanical Cost \$ 7500

BARCO MECHANICAL, INC 919 557-3454
Mechanical Contractor's Company Name Telephone
P.O. BOX 65 18460
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work 13 FIXTURES
Number of Baths 2.5 Plumbing Cost \$ 7000

WALTON PLUMBING INC 919 217 2383
Plumbing Contractor's Company Name Telephone
515 S. New Hope Rd STE 107 RALEIGH NC 27610 License #
Address

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required

TAI-CITY 418 PERSON ST DAY NC 28321 910-486-8855
Insulation Contractor's Company Name & Address Telephone

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 _____ Date 6-6-07

7-25-07
Change of Contractor
failed LU.
Attn: Donna

Application # 07-50017238

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Heavenly Homes Phone: 919427-7623

Owner (s) Mailing Address: Po Box 1088
Holly Springs NC 27540

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: Lot 17 Brian Keith Meadows

PIN or Parcel #: _____

Job Cost: _____ 7-26-07 HVAC

Mechanical: New I will not change to this sub. until I have notice from county to change. did not 17
ork _____ Gas Piping _____

Electrical: 200 A ervice Reconnect _____ Other _____

Plumbing: Water Water Heater _____

Specific Directions to _____

Subdivision: Brian

I Air Essentia have provided or will provide the Mechanical labor
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state HVAC license
(Trade)

number 21536, 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: SEE LETTER FROM HEAVENLY Date: _____
HOME'S

Company Name: AIR ESSENTIALS Phone: 919-779-1237

Address: PO BOX 264 Garner NC 27529

County: Wake Contractor's License #: 21536

Contractor's Signature: Patricia Laffin Date: 7-25-07

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

**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: HEAVENLY HOMES - KEVIN R SWARTZ, INC

Sign/Title: Kevin R Swartz / Pres

Date: 6-6-07

Plan Box Number A-4

Job Name HEAVENLY HOMIES

Date: 6-6-07

Required Inspections for SFA/SFD

Appl. # 0750017238

Valuation \$173,084

Sq. Feet 2664

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
60	<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

Plan Box Number A4

Job Name Heavenly Homes

Date: 6-11-07

Required Inspections for SFA/SFD

Appl. # 07-500 17238
Valuation 174,058
Sq. Feet 2679

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		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		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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		Four Trade Final
60	<input checked="" type="checkbox"/>	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