

* 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 # 07-50017464

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: Tony Wilson Date: _____
Address: 3008 Rawls Church Rd FV, NC, 27526 Phone: 919-639-7897
Directions to job site from Lillington: 401 N Rt Turn Rawls Church Rd Rt turn into Wynham Drive Left Grahamridge Ln
Subdivision: Wynham Place Lot: #13

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

Total Project Cost: \$212,000 Description of Proposed Work: Single Family

Heated SF 2849 sqft Crawl Space Building Construction Cost \$ \$182,000
Unheated SF 500 Slab Acres Disturbed _____ Stories _____

Michael S. Reeves 919-868-7003
Building Contractor's Company Name Telephone
844 Eads Drive Angier N.C. 27501 52477
Address License #

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

M. Wilson
Electrical Permit Information
Description of Work New Electrical Cost \$ 6400⁰⁰
TS Pole: Yes No Underground Overhead

Permanent Service: Underground Overhead Service Size: 200 Amps
Bonafide Electric 919 545-9675
Electrical Contractor's Company Name Telephone
1047 Wolf Hollow Ln Pittsboro 228843
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work New
Number of Units 2 Type System HR Mechanical Cost \$ 7200

Dukes Heating + Air 919 669-7071
Mechanical Contractor's Company Name Telephone
7429 Old Raleigh Rd Raleigh 22029
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work New
Number of Baths 2 1/2 Plumbing Cost \$ 6900

W+W Plumbing 919 6310195
Plumbing Contractor's Company Name Telephone
Angier Rd, PO Box 1239 14087
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required
Tori City
Insulation Contractor's Company Name & Address Telephone

all attached

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

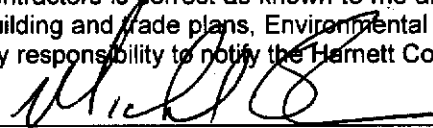
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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

4 Jun 07

Date

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

The undersigned applicant for Building Permit # 0750017464 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: Michael S. Swartz

Sign/Title: [Signature]

Date: 4 Jun 07

Plan Box Number D-2

Job Name Wilson

Date: 05-02-07

Required Inspections for SFA/SFD

Appl. # 0756017464
Valuation \$178,996
Sq. Feet 2755

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

Section below to be filled out by applicant before 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 27548
Telephone Number 910-883-7325 www.harnett.org
Application for Building and Trade Permit

Owner's Name: JOHN WILSON Date: _____

Address: 3008 RAWLS CHURCH RD Phone: 639-7897

Directions to job site from Lillington: 401 N to Lakeyette Rd. Turn Rt go to Chalyeate Springs Rd. Turn Rt go to wells Rd Turn Lt go to Rawls Church Rd Turn Rt go approximately 1/2 mile. Subdiv on Rt Wyndham Place PH II

Subdivision: Wyndham Place PH II Lot: # 3

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

Total Project Cost: 172 K Description of Proposed Work: New Dwelling

General Contractor Information

Heated SF Crawl Space Slab ()
Unheated SF Slab ()
Building Construction Cost \$ _____
Acres Disturbed _____ Stories _____

John Wilson (owner)
Building Contractor's Company Name Telephone 919-639-7897

3008 Rawls Church Rd F.V. N.C. 27526
Address License # _____

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

Electrical Permit Information

Description of Work Wire dwelling Electrical Cost \$ _____
TS Pole: Yes () No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps

Dunston & Sons Electrical Contractor
Electrical Contractor's Company Name Telephone 524-4472

203 ANXX Lane, Knightdale, NC 27545
Address License # 24214-L

Dan Dunston
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HVAC
Number of Units Two (2) Type System Heat Pump Mechanical Cost \$ _____

King's Mechanical Inc.
Mechanical Contractor's Company Name Telephone 919-539-4266

13400 Old Creedmoor Rd WF NC 27587
Address License # 25629 H3-1

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing of dwelling
Number of Baths 2.5 Plumbing Cost \$ _____

Colony-Kennedy
Plumbing Contractor's Company Name Telephone 919-742-4587

D+G Plumbing
Address License # 24252

111 OLLIE MUEB'S DR SILVER CITY NC 27744
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

SOUTH INSULATION INC PO Box 790 Louisburg, N.C. 27549
Insulation Contractor's Company Name & Address Telephone

Ed Soan