

* 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 # 17496

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: SCOTT LEE HOMES, INC. Date: _____

Address: 168 Adrian Street Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGLER LEFT ON TO 55HWY 42 THRU FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT

Subdivision: JONATHAN RIDGE Lot: 23

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

Total Project Cost: _____ Description of Proposed Work: New Construction

General Contractor Information

Heated SF 2068 Crawl Space (
Unheated SF 600 Slab (
Building Construction Cost \$ 175,000.00
Acres Disturbed .60 Stories 2

SCOTT LEE HOMES, INC 919 553 2085
Building Contractor's Company Name Telephone
PO BOX 748 CLAYTON, NC 27520 33181
Address License #

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

Electrical Permit Information

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

JEFF WILLIS ELECTRIC, INC. 919 550 4700
Electrical Contractor's Company Name Telephone
5805 CORNWALLIS RD GARNER 27529 15644
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HEATING AND AIR HVAC
Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ _____

STEPHENSON HEATING & AIR, INC. 919 329 0686
Mechanical Contractor's Company Name Telephone
343 SHIPWASH DR GARNER NC 27529 18644
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

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

C.C. Select Plumbing 919 625-0163
Plumbing Contractor's Company Name Telephone
421 Watkins Rd Clayton N.C 27520 25464
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TriCity Insulation 1901 Herring Ave Wilson NC 27896 18008497204
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/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, 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

5-4-07

**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: Scott Lee Homes, Inc.

Sign/Title: Joe J. Wall Assistant Secretary

Date: _____

Plan Box Number AA12

Job Name Scott Lee

Date: 5-4-07

Required Inspections for SFA/SFD

Appl. # 07-5-17495

Valuation 186143

Sq. Feet 2865

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