*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 #
tion below to be filled out by	Application #_ / / / \psi \psi \psi \psi \psi \psi \psi \psi
performing work. Must be owner contractor. Address, company	Harnett County Central Permitting PO Box 65 Lillington, NC 27546
one must match information on	Telephone Number 910-893-7525 www.harnett.org
	Application for Building and Trade Permit
Owner's Name:	and Tury Duning Deboth Byid Date: 7-11-07
Address:	phone: Phone: Phone:
Directions to job site from Lillin	gton: Old 421 Apr 4 1112 on LETT
into subdivision	1 steft 2nd hot on Right # 30
Subdivision:Shaybak	13 knall Lot: 30
Construction Type: (Please C	heck) <u>Building Use</u> : (Please Check)
New Moved Ho	use Residential Contine state
RenovationAddition	Other Modular Multi-Family
Total Project Cost:	
<u>-</u>	General Contractor Information
Heated SFCrawl Space Unheated SFSlab ()	Acres DisturbedStories
Steven CD	919-369-2150
Building Contractor's Compan	ly Name Telephone
280 Dennie	81 Bencon NC 27504 63200
Acidress	License #
Geven College	dec
Signature of Owner/Contracto	or/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information Electrical Permit Information
Description of Work New	
TS Pole: Yes W No () UI	derdionid () Overhead ()
Permanent Service: Undergr	ound () Overhead () Service Size: AMPS
Marthusezect	MCV
Electrical Contractor's Compa	any Name Telephone TELL 22871-L
HOODUKYS	License #
Address	Of CON CA
of Cor	noration
Signature of Officer(s) of Cor	Mechanical Permit Information
Description of Work	Type System H Mechanical Cost \$
Number of Units	Type System Mechanical Cost \$
Deaslaystica	
Mechanical Contractor's Con	S/1/57
57 W. Beal	License #
Address AR	\varnothing .
Signature of Officer(s) of Cor	rooration
•	/ / Plumbing Permit Information
Description of Work <u>New</u>	Plumbing Cost \$ 4500,00
Number of Baths 2	0.000
Brant Abons plumbing Plumbing Contractor's Comp	
Plumbing Contractor's Confe	Won, N.C. 27504 17359 License #
-W//	License #
Address	
Signature of Officer(s) of Co	rporation
Insulation	Permit Information Residential Cother () Not Required ()
Insulating 3	In 1212 Hart Raleigh 800-443-7140
Insulation Contractor's Com	pany Name & Address Telephone

Commercia	al Jobs must fill out this portion	
Sprir	nkler System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation Fire A	Alarm System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	-
Address	License #	-
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department	of Transportation Driveway Access/Permit? Yes	No
Homeowners A	Applying to Build Their Own Home Permit Technician to determine if you qualify for permit under Owne	rs Exemption.
	ons as to Issue of Building Permits (Memo available	
	is building will be constructed? yes	
2. Have you hired or intend to hire a the project?	an individual to superintend and manage con yes	struction (no
3. Do you intend to directly control	& supervise construction activities? yes	no
4 Do you intend to schedule, contr	act, or directly pay for all phases of construct	ion work
be done?		onths
5. Do you intend to personally occu	upy the building for at least 12 consecutive mand do you understand that if you do not do	30, 10
5. Do you intend to personally occu	upy the building for at least 12 consecutive mand do you understand that if you do not do that you fraudulently secured the permit?	

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

7-12-07 Date

Application	#
1- 1	

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

The undersigned	d applicant for Building Permit # being the:
	General Contractor
	Owner Officer/Agent of the Contractor or Owner
Do hereby cont	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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.
Department is	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, tion carrying out the work.
Firm Name:	NCFARM BUREAU
Sign/Title:	NCFARM BUREAU
Date:	,-21-07
WC 0	128952 151851
GL 09	F51851

Plan Box Number___

Job Name Steven Denning

Date: 6-12-07

Required Inspections for SFA/SFD

Appl. # 07500 17766

Valuation 16 9121

Sq. Feet 2603 # 139,494

2147

Sequence

10	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final
60	One Trade Final > 2500 Envir. Operations Permit
999	