

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license:

Hamett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.hamett.org  
**Application for Building and Trade Permit**

17810

centered  
6.14.07  
D. Johnson

Owner's Name: Regency Homes Inc. Date: \_\_\_\_\_

Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455

Directions to job site from Lillington: US 401 South (B) NC-27 (B) Hoover Rd

(L) Trail Rider Ln. (B) Old Field Ln.

Subdivision: Recession Hill Lot: 36

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: Residence

**General Contractor Information**

Heated SF 1946 Crawl Space  Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 574 Slab ( ) Acres Disturbed 0.56 Stories 2

Regency Homes Inc. 910-424-0455  
Building Contractor's Company Name Telephone

6506 Dental Lane Fayetteville, NC 28314 32067-U  
Address License #

*[Signature]*

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

**Electrical Permit Information**

Description of Work Electric Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps

Lonnie Smith Elec. 910-978-6638  
Electrical Contractor's Company Name Telephone

1063 Carl Freeman Rd Stedman, NC 28391 25606-L  
Address License #

*[Signature]*

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC  
Number of Units 2 Type System Electric Mechanical Cost \$ \_\_\_\_\_

McGowan Heating & Air, Inc. 910-424-3350  
Mechanical Contractor's Company Name Telephone

1722 Gillespie St Fayetteville, NC 28306 22474  
Address License #

*[Signature]*

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Bill Hallock Plumbing 910-858-4139  
Plumbing Contractor's Company Name Telephone

24218 NC Hwy 71N Parkton, NC 24037  
Address License #

*[Signature]*

Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other  Not Required

Tri-City Insulation 418 Person St Fayetteville, NC 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

**Sprinkler System Information**

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

**Fire Alarm System Information**

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 Division of any and all changes.

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

Date

11-22-06

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

Regency Homes Contractor  
Regency Homes 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.

X \_\_\_\_\_ 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: Regency Homes Inc.

By/Title: [Signature] Owner

Date: 11-22-06

CRAWL

Plan Box Number F-8

Job Name REGENCY

Date: 6-14-07

Required Inspections for SFA/SFD

Appl. # 0750017810  
Valuation \$161,779  
Sq. Feet 2490

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		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