

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

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

17812
was tabled
10-14-07
dickson

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

Subdivision: Pecanwood Hill Lot: 38

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: Residence

General Contractor Information

Heated SF 1940 Crawl Space () Building Construction Cost \$ _____
Unheated SF 576 Slab () Acres Disturbed 0.50 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 _____

11-25-06

**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. # 0750017812

Valuation \$161,779

Sq. Feet 2490

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp.
30-999	<u>✓</u>	R* Elec. Under Slab
30-999	<u>✓</u>	R*Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u>✓</u>	Four Trade Rough In > 2500
40	<u>✓</u>	Three Trade Rough In
40	<u>✓</u>	Three Trade Rough In > 2500
40	<u>✓</u>	Two Trade Rough In
40	<u>✓</u>	Two Trade Rough In > 2500
40	<u>✓</u>	One Trade Rough In
40	<u>✓</u>	One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u>✓</u>	Four Trade Final > 2500
60	<u>✓</u>	Three Trade Final
60	<u>✓</u>	Three Trade Final > 2500
60	<u>✓</u>	Two Trade Final
60	<u>✓</u>	Two Trade Final > 2500
60	<u>✓</u>	One Trade Final
60	<u>✓</u>	One Trade Final > 2500
999	<u>✓</u>	Envir. Operations Permit