

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

17815
Contracted
6-14-07
d/mon

Owner's Name: Regency Homes Inc. Date: _____
Address: 6506 Dental Lane Fayetteville, NC 28314 Phone: 910-424-0455
Directions to job site from Lillington: _____

Subdivision: _____ Lot: 41

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 1997 Crawl Space () Building Construction Cost \$ _____
Unheated SF 576 Slab () Acres Disturbed 0.45 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 X

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

Plan Box Number F-8

Job Name REGENCY

Date: 6-14-07

Required Inspections for SFA/SFD

Appl. # 0730017815

Valuation \$ 176,527

Sq. Feet 2717

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 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 checked="" type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

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 # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name Regency Homes Inc Date 5-11-11
Site Address 1506 Dental Ln Fay, NC 28314 Phone 910-424-0455
Directions to job site from Lillington HWY 87 N from Springlake to
HWY 27, turn CR) on HWY 27 Go 1 mile to Hoover Rd
Turn (L) on Hoover. Go 1/2 mile to Entrance on left
Subdivision Persimmon Hills Lot 41
Description of Proposed Work New Home Construction #Bedrooms 4
Heated SF 2188 Unheated SF 781 Finished Rec Room? yes Crawl Space (X) Slab ()

General Contractor Information

Regency Homes Inc 910-424-0455
Building Contractor's Company Name Telephone
1506 Dental Ln Fay, NC 28314 32067-U
Address License #

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

Must sign & fill out second page

Electrical Permit Information

Description of Work Electrical Service Size 200 Amps TPole (yes/no)
Homaker Electric 910-425-4915
Electrical Contractor's Company Name Telephone
5755 Crewshaw Dr, Hope Mills 28348 13202-U
Address License #

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills NC 28348 NC20012
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing # Baths _____
Bill Hallock Plumbing 910-858-4139
Plumbing Contractor's Company Name Telephone
2418 NC Hwy 11 N Parkton, NC 28371 24037
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

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

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

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 number of bedrooms 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]
Signature of Owner/Contractor/Officer(s) of Corporation

5-11-11
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers compensation insurance to cover them

___ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

___ Has no 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

Company or Name Regency Homes Inc

Sign w/Title [Signature] Date 5-11-11