* Each section below to be filled out by whomever performing work. Must be owner
or licensed contractor. Address, company name & prione must match information on
license.

Application #_

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

prione must match information on		ber 910-893-7525 or Building and			
Owner's Name: <u>VC C</u>	45Tom H	on Es, Ll	C Date:	6/19/07	2
Address: 1508 MYCE	EARE PL,	Fulus	Y VADIPHONE	: 919-94	6-366
Directions to job site from Lillin					8D.,
Subdivision: MAGN					-
Construction Type: (Please Cl ✓New Moved Hor _Renovation Addition		Building Use: Residential Modular		mmercial lti-Family	
Total Project Cost: 300,000	Description of f	Proposed Work: Contractor Info	NEW 1	RESIDENCE	
Heated SF 246 Crawl Space Unheated SF Slab ()	e()	Building Cons Acres Disturbe	truction Cost \$ _ ed · _5	_Stories <u>//2</u>	<u>-</u>
Ne Custor Ho Building Contractor's Company	Mame ULC	Telepi	7/9) 946 hone	-3662	_
1508 MYCENA	HE PL.,	F.V., 1	VC_	61623	_
Address	7 			License #	
Signature of Owner/Contractor				orkers comp	
Description of Work RES. TS Pole: Yes (Y No () Underground Service: Unde	Derground (4)	Overhead () ead () Service	ical Cost \$/_a ee Size:/_	00 Amps	-
Hm TE C FLEC Electrical Contractor's Compar	TR/C	Telepi	9/9) 524. hone	-9879	-
622 SUNSET Address	LK. Rd.	Fulux	Y VAR MA	2 2 3 35 - 6 License #	<u> </u>
Signature of Officer(s) of Corpo					
Description of Work RE	Mechan	ical Permit Info	rmation		
Number of Units	_ Type System	HP		ost \$ 9000	-
HELMUT ANTHUM Mechanical Contractor's Comp			910 - 987 Telephone	7-2070	-
6623 SHEARILL	•	600 mi	•	21319	
Address	-	28	334	License #	_
Signature of Officer(s) of Corpo		_			
Description of Work RES		ng Permit Info	<u>mation</u>		
Number of Baths 3/2		_ Plumb	oing Cost \$/	0,000	-
Plumbing Contractor's Compar	3/W /N ny Name	_	Telephone	· · · · · · · · · · · · · · · · · · ·	-
P.O.BOX 1239		RNC		14087	7
Address		,		License #	
Signature of Officer(s) of Corpo		m Daeidentiel /	\ Othan /\ At-	d Domisional ()	
INSULATION FO	ermit Information			S. (''	2-9000
Insulation Contractor's Compa	ny Náme & Addre	ess	RALENS	Telephone	
		Page 1 of 3	NL	•	1/07

	Application #	
	os must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	<u></u>
Signature of Officer(s) of Corporation Fire Alarm	n 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 Tra	Insportation Driveway Access/Permit? Yes	No
Homeowners Apply Please answer the following questions then see a Permit T	ing to Build Their Own Home echnician to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo availabl	e upon request)
1. Do you own the land on which this buil	Iding will be constructed? yes	no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage cor yes	nstruction of
3. Do you intend to directly control & sup-	ervise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	r directly pay for all phases of construc yes	tion work to
5. Do you intend to personally occupy the following completion of construction and coreates the presumption under law that you	do you understand that if you do not do	
oreates the presumption under law that yo	yes	no
Sign & date		

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 <u>any</u> 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

Application	#

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

The undersigne	d applicant for Building Permit # being the:
750	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby cont the work set for	firm 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.
DED	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 iss insurance prior	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, on carrying out the work.
Firm Name:	De Caston Homes IIC
Sign/Title:	18 ha Prended + manage
Date:	6-19-07

Plan Box Number <u>67</u>

Job Name NC Custon House

Date: 6-70-07

Required Inspections for SFA/SFD

Appl. # 67-5-17853
Valuation \$\frac{191016}{2948}

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	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	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	R* Insulation
60	Four Trade Final
60	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	Envir. Operations Permit
	Divir. Operations remit