Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match 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

Owners Name P. Benson	Date \0/3/1\
Site Address 46 Sherman Pines Dr	Phone 919-793-8074
Directions to job site from Lillington 401 Noch to	
turn left, Property, s on there	· ·
	3
Subdivision Sherman Pines	Lot 20
Description of Proposed Work SFD	# of Bedrooms
Heated SF <u>2597</u> Unheated SF <u>1,173</u> Finished Bonus Room? <u>General Contractor Information</u>	Crawl Space Slab Stem Wal
Owner Builder	919-793-8074
Building Contractor's Company Name	Telephone
14523 Mirasol Manor Lord Tamp F) 336 Address	26
Address	Email Address
License #	
Electrical Contractor Information	ı <u>n</u>
Description of Work Service Size	Amps T PoleYesNo
	313-673-1308
Electrical Contractor's Company Name	Telephone
All	Email Address
Address	Email Address
3739V License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work MI Mechanical Rough ins & to	im outs
ARS Rescue Rooter	919-669-7519
Mechanical Contractor's Company Name	Telephone
517 Pylon Dove Raley NC 27606	
Address	Email Address
16325	
License # Plumbing Contractor Information	on
Description of Work All Plumbing Rough & Lam	- \ /
Plumbing Contractor's Company Name	<u>919-422-6421</u> Telephone
3716 Aubren Church Rd Garner NL 27529	•
Address	Email Address
13228/ License #	
License #	an an
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	919-669-0077 Telephone
induction contractor a company manie a macross	

*NOTE General Contractor must fill out and sign the second page of this application

Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for per	rmit under Owners Exemption			
Questionnaire per G S 87 14 Regulations as to Issue of Building Permits (Memo				
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?	YesNo			
3 Do you intend to directly control & supervise construction activities?	✓YesNo			
4 Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	✓YesNo			
5 Do you intend to personally occupy the building for at least 12 consecumenths following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent 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 that I affirm that I have obtained all listed contractors permission to obtain these permits 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 EXPIRED PERMIT FEES 6 Months to 2 years permit re issue fee is \$150.00 After 2 years re issue fee is as per current fee schedule				
· 11				
10/3/11				
Signature of Owner/Contractor/Officer(s) of Corporation 1013/11 Date				
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S The undersigned applicant being the	87-14			
Affidavit for Worker's Compensation N C G S				
Affidavit for Worker's Compensation N C G S The undersigned applicant being the	ntractor or Owner			
Affidavit for Worker's Compensation N C G S The undersigned applicant being the General Contractor Owner Officer/Agent of the Cor Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation	ntractor or Owner			
Affidavit for Worker's Compensation N C G S The undersigned applicant being the General Contractor Owner Officer/Agent of the Cor Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporate set forth in the permit	ntractor or Owner ation(s) performing the work in insurance to cover them			
Affidavit for Worker's Compensation N C G S The undersigned applicant being the General Contractor Owner Officer/Agent of the Cor Do hereby confirm under penalties of perjury that the person(s) firm(s) or corpora set forth in the permit Has three (3) or more employees and has obtained workers compensation Has one (1) or more subcontractors(s) and has obtained workers compensation	ntractor or Owner ation(s) performing the work in insurance to cover them sation insurance to cover			
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Affidavit for Worker's Compensation N C G S The undersigned applicant being the General Contractor Owner Officer/Agent of the Cor Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporate set forth in the permit Has three (3) or more employees and has obtained workers compensation Has one (1) or more subcontractors(s) and has obtained workers compensation them Has one (1) or more subcontractors(s) who has their own policy of workers covering themselves	ntractor or Owner ation(s) performing the work in insurance to cover them sation insurance to cover is compensation insurance the Central Permitting			
Affidavit for Worker's Compensation N C G S The undersigned applicant being the General Contractor Owner Officer/Agent of the Cor Do hereby confirm under penalties of perjury that the person(s) firm(s) or corpora set forth in the permit Has three (3) or more employees and has obtained workers compensation Has one (1) or more subcontractors(s) and has obtained workers compens them Has one (1) or more subcontractors(s) who has their own policy of workers 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 Department issuing the permit may require certificates of coverage of workers co to issuance of the permit and at any time during the permitted work from any pers	ntractor or Owner ation(s) performing the work in insurance to cover them sation insurance to cover is compensation insurance the Central Permitting			

Benjamin V. Wilson, P.E.

824 Renewal Lane Leasburg, NC 27291 bwilson_leasburg@hotmail.com Mobile Phone 919-697-5446

October 3 2011

Mr John Benson 814 New Charleston Drive Fuquay Varina NC 27526 via email at ipbensonjr@gmail.com

Phone 919-793 8074

RE Proposed Residence Lot 20 Sherman Pines

Fuquay Varina - Wake County, NC Project # 09 2011 Wake 22

Dear Mr Benson

Mr Benjamin V Wilson P E has reviewed the plans entitled "The Morningside Lane" for the proposed residence at Lot 20 Sherman Pines in Fuquay Varina, NC and evaluated the structure for conformance with the NC Residential Code 2009 Edition

The proposed residence will be a westory home. The construction has been modified to allow for use of stem wall construction to the into the slab. Based on my review the structural components with modifications noted meet the requirements of the Code. All construction shall conform to the latest requirements of the "North Carolina State 2009 Residential Building Code"

The Engineer's seal applies only to the structural components on the document. The seal does not include construction means, methods, techniques, procedures or safety precautions. Any deviations or discrepancies on the Plans are to be brought to the immediate attention of Benjamin V. Wilson, P.E.

Attached are the drawings for the structure in both 24x36 and 11x17

If you have any questions or if I can be of further service to you please do not hesitate to contact me

Respectfully

Benjamin V Wilson P E

that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated

Title to the property hereinabove described is subject to the following exceptions

Subject to ad valorem taxes all applicable zoning and land use ordinances statutes and regulations, and to the provisions of all applicable restrictive covenants and utility easements of record

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal

HAMILTON BUIL (entity name) By Pres	Idon to
that the she is the act	a Notary Public for Harnet County, North Carolina certify personally appeared before me this day and acknowledged freschent of HAMILTON BUILDERS, INC and by authority duly of such entity he signed the foregoing instrument in its name on its behalf as its act
OTANWitness Bry	hand and official seal this the 5 day of September , 2011 The Substitute of the seal this the 5 day of September , 2011 TARY PUBLIC ares 3/2/2016
The foregoing Certif be correct This inst Page shown on the fi	. •
	Register of Deeds for County
by	Deputy / Assistant Register of Deeds

Therman Pines	# 20	
Plan Box # A = 3	Date	10 -11 Benson
App # 0750017897	Valuation 223632	SQ Feet_342
Inspections for SFD/SFA		
Crawl	Slab	Mono
Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final
>2500	>2500	>2500
Foundation Survey <u>No</u>	Envir. Health	Other
Additions / Other	2597 540 30	7
Footing	510	
Foundation	50	
Slab		
Mono		
Open Floor		
Rough In		
Insulation		
Final		