

\* 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 # 0750017987

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

Owner's Name: Gary Hughes Date: 7-25-07  
Address: \_\_\_\_\_ Phone: 919-669-5369  
Directions to job site from Lillington: 401 N about 4.05 Miles  
Mill Branch Subdivision on Right  
Subdivision: Mill Branch Lot: 33

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

Total Project Cost: 165,000 Description of Proposed Work: New

**General Contractor Information**  
Heated SF \_\_\_\_\_ Crawl Space  Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Gary Lynn Hughes Const 919-669-5369  
Building Contractor's Company Name Telephone  
3055 Old Pines Creek Rd Hwy 41589  
Address License #  
[Signature]

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

**Electrical Permit Information**  
Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Rex A Dean Electric Contractor 919 552 4282  
Electrical Contractor's Company Name Telephone  
8039 Kennelbec Road Willow Spring NC 27592 5748-L  
Address License #  
Rex A Dean Jr

Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
\_\_\_\_\_ 552-3033  
Mechanical Contractor's Company Name Telephone  
J.C's Htg. + A.C. Inc. 12655-43  
Address 1529 Wade Stephens Rd License #  
Holly Spgs. NC. 27540  
Signature of Officer(s) of Corporation

*self attach*

**Plumbing Permit Information**  
Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
W4W Plumbing Co. Inc. 919-639-0195  
Plumbing Contractor's Company Name Telephone  
PO Box 1239 ANSIEP N.C. 27501 14087  
Address License #  
Rick Wells

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Tri-City Insulation  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion  
Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?    Yes    No

**Homeowners Applying to Build Their Own Home**

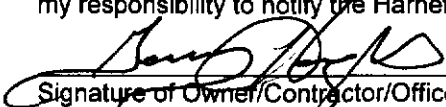
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners' Exemption.

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

\_\_\_\_\_  
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 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 Department of any and all changes.

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

\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/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.

✓ \_\_\_\_\_ 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: Gary Lynn Hughes Const

Sign/Title: Owner

Date: 7-25-07

\* 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 # 0250016790  
Harnett County Central Permitting  
PO Box 66 Lillington, NC 27546  
Telephone Number 910-893-7926 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Cary J. Hughes Const Date: 2-19-07  
Address: 3055 Old Pine Creek Rd Phone: 919-669-5369  
Directions to job site from Lillington: 401 North of Hwy 465  
Miles, Subdivision on map  
Subdivision: Mill Branch Lot: 31  
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: \_\_\_\_\_

**General Contractor Information**  
Heated SF 202  Craw Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Building Contractor's Company Name Cary J. Hughes Const Telephone 919-669-5369  
Address 3055 Old Pine Creek Rd License # 45839

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

**Electrical Permit Information**  
Description of Work \_\_\_\_\_ Electrical Cost: \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Rex A Dean Electrical Contractor 919 552 4262  
Electrical Contractor's Company Name Telephone  
9039 Kappa Lake Forest Willow Springs N.C. 27592 5748-2  
Address License #  
Rex A Dean Jr

**Mechanical Permit Information**  
Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
2-19-07 James H. Cannon - HVAC 552-3033  
Mechanical Contractor's Company Name Telephone  
J.C.'s Htg. + A.C. Inc. 12655-113  
Address 1529 Wade Stephenson Rd License #  
Holly Springs, NC 27540

**Plumbing Permit Information**  
Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
WYW Plumbing Co. Inc. 919-639-0195  
Plumbing Contractor's Company Name Telephone  
PO Box 1239 Angier N.C. 27501 14087  
Address License #  
Rick Wells

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name & Address Telephone

Plan Box Number A-1

Job Name HUGHES

Date: 7-10-07

Required Inspections for SFA/SFD

Appl. # 0750017987  
Valuation \$167,756  
Sq. Feet 2582

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