Lach section below to be filled out by		
whomever performing work. Must be owner		
or Researcontractor. Address, company		
name & phone must match information on		
license.		

Λ_1	וכום	lica	tion	1

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org	
Owner's Name: Stephenson Builders Inc. Date:	5/22/07
Address: 15 Brendameone Ct. Fuquey Phone: 103	39. 18/2
Directions to job site from Lillington: YOI N toward Fugury Left on	- Challante Od
Left into docterfield.	chalypeat far.
Subdivision: Dexterfield Lot: 59	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Construction Type: (Please Check)	
NewMoved HouseRenovationAdditionOtherModularMulti-Farm	
Total Project Cost: 170,000 Description of Proposed Work: New Sing Fun	مآم
Heated SE 1444 Control of the Contro	•
Unheated SFugo Slab () Acres Disturbed 344 Stori	es '/2
Stephenson Builders The 639.3862 Building Contractor's Company Name Telephone	
1187 N Raleigh St. Anger NC 27501 5	3604
Address high Im My In Market NC 27501 5	icense #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers of Electrical Particles Particles	romn
<u>Liectrical Permit information</u>	.surp
13 Pole: Yes (2) No () Underground () Overheard ()	
Permanent Service: Underground (*) Overhead () Service Size:	
Rex Dean Electric Electrical Contractor's Company Name Telephone 719-552-6	728
2039 16000 be Rd. Willow Store 22500	5 (1 ¢
Address	<u>/ </u>
Signature of Officer(s) of Corporation	
Administration of the second o	
Description of Work 1	
Mechanical Contractor's Company Name 919-552 Telephone	1-0258
1 mes miles the second of the	<u>455</u> H-3
(). C	cense #
Signature of Officer(s) of Corporation	
Description of WorkNow	
Number of Baths 2 Plumbing Cost \$ (4,000	3
Notes Mumbine Time	1195
Telephone Telephone	
Box 1004 Angrer 27501 1408	2
(Kinha /e/all s	cense #
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential (M Other () Not Require The Laboratory Residential (M Other () Not Residential ()	red ()
The time to the ti	

Insulating Fre Pltone # 772 9000

	Application #	4K miles
	obs must fill out this portion or System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	_
Signature of Officer(s) of Corporation Fire Alar	m System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	Persona
Address	License #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tr	ansportation 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)				
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?				
yesno				
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 <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 Oynes Contractor/Officer(s) of Corporation

Date 8 20/07

Application -	! ;			
• •	make the control of the control	 	THE RESIDENCE OF THE PARTY OF	

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

The undersigne	d applicant for Building Permit #	being the:
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), find the permit:	rm(s) or corporation(s) performing
	Has/have three (3) or more employees and has/haccompensation insurance to cover them.	ve obtained workers'
	Has/have one (1) or more subcontractors(s) and hat compensation insurance to cover them.	as/have obtained workers
	Has/have one (1) or more subcontractors(s) who haworkers' compensation insurance covering themsel	as/have their own policy of lves.
	Has/have not more than two (2) employees and no	subcontractors.
insurance prior t	n the project for which this permit is sought it is unde uing the permit may require certificates of cove o issuance of the permit and at any time during the on carrying out the work.	arogo of morkows some
Firm Name:	Steplenson, Builders Inc	
Sign/Title:	Mholle vice Possiclent	
Date:	רס/בבוץ הס	

Plan Box Number <u>F-5</u>

Job Name STEPHENSON

Date: 8-23-07

Required Inspections for SFA/SFD

Appl. # 675018309 Valuation #160, 690 Sq. Feet 2464

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
	Operations I crimit