

* 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.

EM

Application #

18438

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Building and Trades Permit

Owner's Name: Jimmy Byrd Date: 9-21-07

Site Address: _____ Phone: _____

Directions to job site from Lillington: 401 south turn right on Stockyard Rd. Turn left on Baybyrd Rd. Job on left

Subdivision: Stockyard Rd. Sub. Lot: 44

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

Total Project Cost: 110,000 Description of Proposed Work: Site built home

Heated SF 1175 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab (X)

General Contractor Information Building Cost \$ 90,000.00

Thomas Properties 919-906-4069
Building Contractor's Company Name Telephone

PO Box 875 Broadway NC 27505 59452
Address License #

Steve Thomas Must sign second page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information Elec Cost \$ 3500.00

Description of Work Wire New Const. Service Size: 200 Amps #TPoles 1

Wester + Pace Electric 919-499-3946
Electrical Contractor's Company Name Telephone

546 Leslie Rd. Sanford NC 27330 U-12007
Address License #

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ 5000.00

Description of Work HVAC # Units 1

Yellow Dot Heating + AC 919-201-9050
Mechanical Contractor's Company Name Telephone

1203 New Hope Rd. Raleigh 06706
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ 4000.00

Description of Work Plumb new const. # Baths 2

Jamie Johnson Plumbing 910-591-8111
Plumbing Contractor's Company Name Telephone

1490 Clark Rd. Lillington NC 27546 21649
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City 910-309-9305
Insulation Contractor's Company Name & Address Telephone

EMHOLD
9-26-07
D. J. WOOD

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] 9-24-07
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: Thomas Properties

Sign/Title: Owner [Signature]

Date: 9-24-07

Application # 18438

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, which entitles me to perform such work on
the above structure legally. All work shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie John Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 CLARK RD.

Lillington N.C. 27544

County: HARNETT

Contractor's License: 21649

SLAB

Plan Box Number E-7

Job Name Jimmy BYRD

Date: 9-11-07

Required Inspections for SFA/SFD

Appl. # 0750018438

Valuation \$76,341

Sq. Feet 1175

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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit