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

0750018510 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

| Owner's Name: JACOB & TESSE DALTON | Date: <u>'7-Z1-10</u> |
|--|---|
| Site Address: 285 SHERMAN PINES Dr. | Phone: 919-422-5332/201-2490 |
| Directions to job site from Lillington: From downtown Lillington | |
| FUGURY, TURN left ON US-401 - 90 ADDROX | |
| onto Sherman Pines Dr LOT#7 is ON 1 | . ^ . / |
| Subdivision: SHERMAN PINES | Lot: # 7 |
| Description of Proposed Work: NEW CONSTRUCTION - S | FR # of Bedrooms: 3 |
| Heated SF: 2992 Unheated SF: 489 Finished Bonus Room? | √⊘_ Crawl Space: ✓∕ Slab: |
| OAKley Custon Blag. Co. Building Contractor's Company Name | (919) 761 - 3876 Telephone |
| 1001 Corporation PATRWAY, Ste 112 RAleigh, NC Address | Stephen. Scoggins team che. NET Email Address |
| - Buyth Jany | 60810 |
| Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information | License # n |
| Description of Work SFR Electric Rough in + Transervice Size: | <u>Zeo</u> Amps T-Pole: <u>√</u> YesNo |
| Current Technologies Electric, LLC. Electrical Contractor's Company Name | (919) 278-8894 Telephone |
| 38/8 Bland Rd. Raleigh, NC 27609 Address | _SCloyd@nc.rr.com Email Address |
| - Jan lund | 26963 U |
| Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inform | License # |
| Description of Work SFR Mechanical Rough in & Town OUT | |
| AGRAKET'S HEATING + Air Conditioning Mechanical Contractor's Company Name | (914) 878 -8900 Telephone |
| 5420 Old Poole Rd. Raleigh, NC | Robert M@ airmakers, COM Email Address |
| Kalent Mars | 09821 |
| Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information | License # |
| Description of Work SER Plumbing Roughin + Trim OUT | # Baths 2 1/2 |
| FURLAY Plumbing | (919) 796-1107 |
| Plumbing Contractor's Company Name | Telephone |
| 5608 SOFT Wind DR. FURUAY-VARINA, NC 27526 Address | CAM 454 @ NC.FF.COM Email Address |
| arthur Harnes | 23963 PI |
| Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information | License # |
| Insulation Inc. | (9/9) 772-9000 |
| Insulation Contractor's Company Name & Address | Telephone |

| 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 | | |
| 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 | | |
| 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, 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. | | |
| fluta - Same: (7/21/10 | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Date | | |
| fluta - Same: (7/21/10 | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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: | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance 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 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 | | |

Plan Box Number <u>G5</u>

Job Name Sherman Pines

Date: 7-28-10

Required Inspections for SFA/SFD

Appl. # 507-500 18510 Valuation #226101 Sq. Feet 3480

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 |
| | |