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

18594

Applic	ation for Building and Trade	<u>e Permit</u>
Owner's Name: Intuition Deve	lopment, UC	Date: 10/30/07
Address: 170 Pine State	St. Lillington, NC	Phone: (910) 814-4236
Directions to job site: 1/27 out	of Willington. (1) onto Ruft	Tow Lake Rd. Approx. 2 miles
Crestnew . Turn ( into subcursi Crystal spring Dr. ( mto Polling St	on followed by (1) and first ,	and ( ) anto Spring Dr. ( ) avoc
Subdivision: Crestnew Est	745	Lot: 242
Construction Type: (Please Check)	Building Use: (Ple	
New	Residential	add Checky
Renovation	Modular	
Addition	Commercial	•
Moved House	Multi-Family	
Other		
Description of Proposed Work: <u>Nu</u>	u Home	
Total Project Cost: 150,000		
	Building Donnit Information	_
Heated SF 2226 Crawl Space (V	Building Permit information	ion Cost \$ 150,000
Unheated SF 480 Slab ()	Acres Disturbed	1.08 Stories 2
Jason Price Construction Inc.		814-4236
<b>Building Contractor's Company Name</b>	Telephone	3
170 Pine State Street Lillin		0859
Address	License #	
Vatario mai		
Signature of Officer(s) of Corporation		
	Electrical Permit Information	
Description of Work New Home	Filedrical Cos	15 7,000
TS Point Yes () No () Underground ()	d (i) Overheard ( ) Overhead ( ) Service Size:	200Amps
Permanent Service: Underground (V	Overhead () Service Size:	CD 1570
MAT Electrical Carpet		58-6570
Electrical Contractor's Company Name	A C 125-	11906-4
PR-BOX 384 BOPAN	AY 11.6. 21305	linente #
Addyless / //	[ JAMES F. RomA	s do
Brown of Thomas	[ DAMIES   I LOUIS	
Signature of Officer(a) of Corporation		
	Mechanical Permit Inform	ation
Description of Work New Home	- 83	Mechanical Cost \$ 7,000
Number of UnitsTyp		
Jackson's Heating + A	C INC. 910.	891-5410
Mechanical Contractor's Company N	avie (cichuon	
P.UBOY 87 BUNGON	N.C 27504	23670
Address - /		License #
9. David Jacken		
Signature of Officer(s) of Corporation		
· ·	Plumbing Parmit Informatio	n
Description of Work New Home	·	<u>u</u>
Number of Baths 2.5	Plumbing (	Cost \$ 7,600
		-868-0954
Plumbing Contractor's Company Nam	e Telephone	
107 Hunter View In. Coo	454531201 - 331	60
Address ) V	License #	
Ikam Ju Vilve		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential (9) Other () Not Requir		Short Rd.
Tatum Insulation I.inc.	ed () Sig old Drug Garrer, NC	(910) 661-0999
Insulation Contractor's Company Nam		Telephone

Application #	
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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 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		
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, 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.  Signature of Owner/Contractor/Officer(s) of Corporation  Date		
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		
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:		
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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		
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		
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 carrying out the work.		
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 AA=3

Job Name PRICE

Date: 10-31-07

Required Inspections for SFA/SFD

Appl. # 0750018594 Valuation \$ 175,813 Sq. Feet 2706

## 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	
60	Three Trade Final > 2500 Two Trade Final
60	
60	Two Trade Final > 2500
50	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit