* 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 #	
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harr

Application for Residential Building and Trades Permit
Owner's Name: Len Lawson Homes, Inc Date: 10-15-2007
Site Address: 1734 Benut Place Dunn, NC 28334 Phone: (419) 422-6979
Directions to job site from Lillington: HWY. 210 N. to NC 55, LT+ Pt.
on NC 55. Litt on HWY. 27 in Coats. At. on
Hodges Chapel fol. Rt. on Neihbors Rd.
Subdivision: Bennett Place 8 Lot: 34
Description of Proposed Work: Sinde Family Assidential #Bedrooms: 3
Heated SF 1695 Unheated SF - Finished Rec Room? Crawl Space & Slab ()
General Contractor Information
Building Contractor's Company Name Telephone (919) 422-6979 Telephone
120 Edmondson Drive Willow Spring, N.C. 27592 59881
Address License #
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Comparison Comparison
Description of Work New Construction Service Size:Amps TPole yes no
Jonathan Brusley Electrical Contractors (910) 984-6051
Electrical Contractor's Company Name Telephone
191 hred MacLead Lane Coats, NC 27521 26739-5P-5FD Address License #
with Reserve
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Kosidential New Construction
Mechanical Contractor's Company Name (919) 5 53-4072 Telephone
917 Hobbs Street Clayton, N.C. 27520 22024
Address License #
Joe Radford
Signature of Officer(s) of Corporation Plumbing Permit Information
Description of Work Residential New Construction # Baths 3
Gilbert Plumbing Co. 910-567-6361
Plumbing Contractor's Company Name Telephone
1638 Timothy Rd. Dunn, NC 28334 10929
Address # License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Insulation Contractor's Company Name & Address Telephone (919) 661-0999
Insulation Contractor's Company Name & Address Telephone

Application #		
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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?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?
yesno
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. Signature of Owner/Contractor/Officer(s) of Corporation Date
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:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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:
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
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
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. As 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.
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Plan Box Number G-1

Job Name KEN DAWSON"

Date: 10 - 16 - 87

Required Inspections for SFA/SFD *

Appl. # 07.500 | 8687 Valuation #140, 143 Sq. Feet 2157

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
50	One Trade Final
50	One Trade Final > 2500
999	Envir. Operations Permit
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