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

/	Owner's Name: Application for Building and Trade Permit Date: Address: Directions to job site: Old 421 West 3 miles on 18ft Phone: 4998382
	Subdivision: Mayne Bell (1962) Construction Type: (Please Check) New Renovation Addition Moved House Other Description of Proposed Work: Single family Residential Multi-Family Total Project Cost:
• •	Heated SFCrawl Space \(\) Building Permit Information Heated SFCrawl Space \(\) Building Construction Cost \$ Unheated SFSlab () Acres Disturbed Stories
	Description of Work Regidential TS Pole: Yes () No () Underground () Overheard () Fernance Service: Underground () Overheard () Service Size:
	Residential & Other O Not Required () The work of the Company Name (919) 172-9600 Telephone
	Description of Work Residential Number of Units Type System T. C. in Hearting in Piccond Hearing, Inc. 1539 wide Strahenson Rd., Hally Springs, No. 27 Michigan Complete Name 12455-43 (419) 552-6358
·	Description of Work Schiderita! Number of Baths Plumbing Cost \$ 3,000 Barcast Plumbing The Political Number of Baths Plumbing Cost \$ 3,000 Barcast Plumbing The Address Address Address Plumbing Company Name 17735 (419) 639 - 6935 Objection Corporation Liverne 4 Objection Cost of Corporation Cost of Cost o
	Signature of Officer(s) of Corporation
	Insulation Permit Information Residential () Other () Not Required ()

Page 1 of 3

Address

Insulation Contractor's Company Name

12/04

Telephone

Application #		

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? yesno				
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				
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.				
Mushaelk Signature of Owner/Contractor/Officer(s) of Corporation \times Date				
Date of Carlot Contractor Contrac				
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 carrying out the work. Company or Name:				
Sign w/Title: Melkac P Date: 11-28-07				

Plan Box Number <u>I - 2</u>

Job Name MIKE RAY

Date: 11-20-07

Required Inspections for SFA/SFD

Appl. # 07500 | 878 | Valuation # 151,058
Sq. Feet 2325

Sequence

10 10-30 20	R* Bldg. Footing R* Elec. Temp Service Pole 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