* Exil 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 #	18900
1.1	

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Banah Homes INC.	Date: 11 - 17-07
Address: 173 WED DENNING RO	Phone: <u>427-752</u> 4
Directions to job site from Lillington: 421 6 T-L 0 \ 27	5 miles Past coats
T-RONHODGES Chapel. Imile T-RONNEight	
Subdivision: BENNETT Place	
	: (Please Check)
Total Project Cost: 130000 Description of Proposed World	k: <u>3 F D</u>
Heated SF 1477 Crawl Space (V) Slab ( ) Building Con Unheated SF 27 I Acres Disturb	struction Cost \$ 4000 oed Stories 1 1/2
Banah Homes Inc.  Building Contractor's Company Name  Tele	<u> 427-7524</u> phone
173 WED DENNING Rd. Angler N.C. Address	27501 <u>56520</u> License #
Signature of Owner/Contractor/Officer(s) of Corporation – Muss Electrical Permit Info	ormation
TS Pole: Yes ★ No ( ) Underground ★ Overhead ( ) Permanent Service: Underground ★ Overhead ( ) Serv	ice Size: 200 Amps
· · ·	639- 4837 phone
Angle ( N.C.	
Signature of Officer(s) of Corporation  Mechanical Permit Int	<u>formation</u>
Description of Work Type System Heat Pune	Mechanical Cost \$ 5000 85
Radland HVAC	Wiedianical Cost \$
Mechanical Contractor's Company Name	Telephone
Address	22024 License #
Signature of Officer(s) of Corporation  Plumbing Permit Info	ormation
Description of Work	<u>ormation</u>
	bing Cost \$ <u>500වම</u>
Cilbert Plumbing Co. Plumbing Contractor's Company Name	Telephone
DUNN N.C.	P5 P01
Address	License #
Signature of Officer(s) of Corporation  Insulation Permit Information Residential	() Other () Not Required ()
Jaten Insulation	
1 - 1-15-1- Outstand and Community Advance Of Advance	Tolonhopo

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? 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
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
Signature of Owner/Contractor/Officer(s) of Corporation  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
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  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.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
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 5-7

Job Name BANAH Homes

Date: 12-10-07

Required Inspections for SFA/SFD

Appl. # 0750018906 Valuation \$ 145,926 Sq. Feet 2246

## Sequence