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.

Signature of Officer(s) of Corporation

Insulation Contractor's Company Name & Address

Application # 0750018956

ne & phone must match information on nse.	Harnett County PO Box 65 L Phone 910-893-7525 Fax	y Central Permit	•	ISCANNED 14109	
Appl	ication for Residenti	al Building and	/.harnett.org Trades D orr	10 PO	
Owner's Name: Brades	Built In	C		Oct 12, 2009	
Site Address: 103 &		And OC. Pho			
Directions to job site from Lilling		Marel	4 800	10013	
Huy ST Tren	1 Chalabeat	Sorres	Livin 12	CAXIOC P.D	
Sub on Rig		27.193	TOTAL R	atkins Rel	
Subdivision: To www	el Farms		Lot:	5	
Description of Proposed Work:		time	#Bedroo	me: 3	
Heated SF 1497 Unheated	SF 310 Finished	Rec Room? 1	30 (Crawl Space (Slab ()	
	General Contr	actor Information	on	Praint Space (B) Glab ()	
Bradley Built, Inc. Building Contractor's Company	NI		-639-207	<u>′3</u>	
		Telephone		<u> </u>	
466 Stancil Rd , Address	rgier/NC 275	501		54519	
				License #	
Signature of Owner/Contractor/C	Officer(s) of Corporation	Must sign & fill	out second pa	ıge	
	Electrical Day		1		
Description of Work New Res	sidential Servi	ce Size:20	O_Amps TF	ole: yes/no	
Stancil-Owen Electr Electrical Contractor's Company	ical, Inc.	919-63	9-2073		
466 Stancil Rd.,		Telephone			
Address Address	ing per, NC 2/50)]	1	3075-L	
Jan John				License #	
Signature of Officer(s) of Corpora					
Mechanical Permit Information					
Description of Work <u>Resid</u>	<u>ential</u>				
JC's Heating & Air		919	9-552-62	58	
Mechanical Contractor's Compar	~ -	Telep			
1539 Wade Shephe	nson/Rd/ Hol	ly Springs	NC _	12655-Н3	
Juny (\sim			License #	
Signature of Officer(s) of Corpora	tion			· v	
	Plumbing Perr	nit Information			
Desertiption of WorkResid	ential		_# Baths		
_Barnes Plumbing, To	n.c.	91	9-639-09		
Plumbing Contractor's Company	Name	Teleph	none		
PO Box 1207, Angie	r, NC 27501		P1773	35	
Address				License #	

Insulation Permit Information

Insulating, Inc., 1212 Home Ct., Raleigh, NC 27603

919-772-9000

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?				
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 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.				
11-13-19				
Signature of Signature of Signature of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
X 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:				
X 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.				
X 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: Bradley Fuilt, Inc.				
Sign w/Title: President Date: 10-13-09				

Plan Box Number AA-6

Job Name HOWARD FARMS

Date: 10 - 15 - 09

Required Inspections for SFA/SFD

Appl. # 0 500 18 956 Valuation \$ 29,033 Sq. Feet 1986

Sequence

10	
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	
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
	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
	•