* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name a prione must match information on license.

Application #_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: STEDIES BUILDERS INC. Date: 12-11-87
Site Address: 18 DERCHY CANE LILLING Phone: 919-639. 2862
Directions to job site from Lillington: Huy 2/0 East 12 M. Past 401 Tulus
LEFT ON BRUCE JOHNSON RL 60 TO END LEFT ON DERBY
Subdivision: Johnson Sens Lot: 24
Construction Type: (Please Check) Building Use: (Please Check) New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 140,000 Description of Proposed Work:
Heated SF 2200 Unheated SF 100 Finished Rec Room? West Crawl Space (Slab (General Contractor Information Building Cost \$
STEPHENSON BUILDERS INC. 919-639-2862 Building Contractor's Company Name Telephone
1/87 H. RALLIGH ST. ANGIER, N.C. 2750 53604
Address License #
Must sign second page & fill out third page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Elec Cost \$ 5000
Description of Work Service Size: Amps #1Poles /
Rev. Desar Ecaster 919 - 5.52-42-82 Electrical Contractor's Company Name Telephone
8039 KENNEBEC Rd WILLOW SPRING NC. 27592 5748
Address License #
Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$ 6,500 Description of Work 15.1
Description of Work # Units 2
TCS HVAC Mechanical Contractor's Company Name Telephone Telephone
Mechanical Contractor's Company Name Telephone
Address License #
Jumy Carroll
Signature of Officer(s) of Corporation Plumbing Permit Information Plumb Cost \$ 4500
Description of Work Haw #Baths 2 1/2
WELL PLUMBING CO. 1At. 919 639 0195 Plumbing Contractor's Company Name Telephone
BOX 1004 ANGIER, N-C-2750 14087
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Insulation Contractor's Company Name & Address Telephone

	Application #		
Commercial Jobs Sprinkler S	s must fill out this portion System information		
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation Fire Alarm	System Information		
Fire Alarm Contractor's Company Name	Contact & Telephone		-
Address	License #		-
Signature of Officer(s) of Corporation Driveway Access - NC Department of Trau	nsportation Driveway Access/Permit?	Yes	No
Vamagurare Annivi	4- Bullet Thate Own Home		
Homeowners Applys Flease answer the following questions then see a Permit To	ing to Build Their Own Home echnician to determine if you qualify for permit of	inder Owne	ers Exemption.
Floase answer the following questions then see a Permit To	echnician to determine it you quality to pomit		
Please answer the following questions then see a Permit To Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this built	s to Issue of Building Permits (Memo	o available	upon request
Flease answer the following questions then see a Permit To Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo	available yes	upon request
Cuestionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this buil 2. Have you hired or intend to hire an indithe project?	s to Issue of Building Permits (Memo	ayailable yes age con yes	no estruction of
Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this buil 2. Have you hired or intend to hire an ind	s to Issue of Building Permits (Memoral Memoral Memora	availableyesyesyes	no estruction or no no
Usestionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this buil 2. Have you hired or intend to hire an indithe project? 3. Do you intend to directly control & sup 4. Do you intend to schedule, contract, or	echnician to determine it you quality has permited and lividual to superintend and manuarities construction activities? r directly pay for all phases of construction activities? e building for at least 12 consection you understand that if you do	available yes age con yes yes onstruct yes sutive monot do mit?	no estruction or no
Usestionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this buil 2. Have you hired or intend to hire an indithe project? 3. Do you intend to directly control & sup 4. Do you intend to schedule, contract, or be done? 5. Do you intend to personally occupy the	echnician to determine it you quality has permited and lividual to superintend and manuarities construction activities? r directly pay for all phases of construction activities? e building for at least 12 consection you understand that if you do	ayailable yes age con yes yes onstruct yes tutive me	no estruction or no no no tion work to no onths

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, 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

12-11-07

Date

Application	#
• -	

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersioned	d applicant for Building Permit #being the:
The undorvis	General Contractor
	Owner Contractor or Owner
	Officer/Agent of the Curtifactor of Officer/Agent of
Do hereby con	firm under penalties of perjury that the permit.
the work set to	rth in the permit: Has/have three (3) or more employees and has/have obtained workers' Has/have three incurance to cover them.
	(4) or more subcontractors(s) and has/have obtained workers
_	hastroctors/s) who has/have their own policy of
	workers' compensation into a series
	than two (2) employees and no subcontractors.
	this permit is sought it is understood that the compensation
While working	g on the project for which this permit is sought it is understood that the Certifal Polymers of the permit may require certificates of coverage of worker's compensation for to issuance of the permit and at any time during the permitted work from any person, serving out the work.
insurance pri	or to issuance of the permit and at any time during
firm or corpo	Pation dairying ***
Firm Name:	Steplenson Builders Inc
Sign/Title:	Hallastun Floria
	12-11-07
Date:/	

Plan Box Number_	07
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Job Name Stephers

Date: 12-14-07

Required Inspections for SFA/SFD

Appl. # 67500 1905 |
Valuation | 137934
Sq. Feet 2133

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
6 0	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
	envir. Operations remit