\* 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 #

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Permit

Owner's Name: WEATHERLY HOMES, INC.	Date: 1-28-08
Site Address: Lot 13 Assoc CREST Pr	none: <u>919-639-99</u> 65
Directions to job site from Lillington: Husy 401 Towards	DUNN, LEFT ON
an STOCE RO, GO A FEW MUES NEIGH	•
Subdivision: Appar Celes	Lot: 13
Description of Proposed Work: NEW Swave Family Han	#Bedrooms: 3
Heated SF 1275 Unheated SF 400 Finished Rec Room?  General Contractor Information	No Crawl Space WSlab (
· · · · · · · · · · · · · · · · · · ·	34-4465
Building Contractor's Company Name Telephone	
4411 as STORE RD ANSIER NC 27501	41511
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Informat	fill out second page
Description of Work Res. New Constant Ton Service Size: 2	Amps TPole: yes/no
Mahny's Electrical Service, Inc. 919.	- 639-4837
Electrical Contractor's Company Name  7/9  Telephone	
731 Metry Rd Augier NC 27501	15077-0
Address	License #
John Makey	
Signature of Officer's) of Corporation	A7
Mechanical Permit Informa	<u>tion</u>
Description of Work SALT SYSTEM HEAT PUMP	0.00.0
Burd Ha i cla	919963-0001
	eleprione
2046 NC HWY 96 5 FOUT UZKS, NC 275	
Address Byest	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Informat	<u>ion</u>
Description of Work NEW SINGLE FAMILY DWELLING	# Baths <b>2</b>
EZ Flow Rumbing	910-897-6813
Plumbing Contractor's Company Name Te	elephone
132 BARCIAN DR. ANGIER NC 27501	11865
Address	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information	<u>ion</u>
hedration Imc	919-772-9000
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						
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?  yes no						
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 <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						
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.  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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F. 002

THIS CRETIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND REPORT OF THE POLICE PROPERTY OF THE POLICE PROPERY	A	ACORD CERTIFICATE OF LIABILITY INSURANCE  DATE (MM/DD/YYY) 02/08/2008									
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Plan Bo	ox Number_	05

Job Name Weatherly

Date: 2-8-08

## Required Inspections for SFA/SFD

Appl. # 0 8-500 19317 Valuation 112855 Sq. Feet 1737

## 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
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