* 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 # 68500 15422

)

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

Owner's Name: Armeth Commit	· 55 //C	Date: 2-5-65	
Site Address: KCT 17 Stemmer Hil	•		
Directions to job site from Lillington: Hry			
Total Mc Dougald To Res			
Leaf tet on deft			
Subdivision: O'a 1111111		Lot:	
Description of Proposed Work: New House	<u> </u>	_#Bedrooms:	
Heated SF 1669 Unheated SF 512 Finished Rec Room? 100 Crawl Space (1) Slab (General Contractor Information			
CHBCC CCUST FAC	5/6 98.4.	6765	
Building Contractor's Company Name	Telephone	u u una el manda de	
676 Gordson R.D. Zillingto Address	· AC 77546	14856	
Address	क s क्षक क्वल बोन्न-प्रामीस्थानाममीस्थानाक आमान्त्राचारामास्थान	License #	
Harry Com		it second page	
Signature of Owner/Contractor/Officer(s) of Corp			
	Permit Information	: \$	
TS Pole: Yes (-) No () Underground (-)	Overheard ()	- Se William Strains	
Permanent Service: Underground () Overhe	ead () Service Size:	<u> 200</u> Amps	
Electrical Contractor's Company Name		2 3655	
3483 Pameren Prive		26	
Address	License #		
Bignature of Officer(s) of Corporation			
barren en en action de la composition			
Mechanica Mechanica	I Permit Information		
Number of Units Type System _	Mach	anical Cost \$	
Jenes + Jones	5/0 4	84 - 7702	
Mechanical Contractor's Company Name	Telephone	24- 7702	
Address : 1 P.	License #	1/6/4	
- alter dones	-		
Signature of Officer(s) of Corporation			
Plumbing Permit Information			
Description of Work			
Number of Baths	_ Plumbing Cost		
Plumbing Contractor's Company Name		-244/	
318 BOND A ST. ST. Pauls A	C18348 P1-	26497	
Address	License #	1 73 15 11205 113 5255	
Signature of Officer(s) of Corporation			
Insulation Permit Information Residential (***Other () Not Required ()			
MOUN RITE			
Insulation Contractor's Company Name	Address	Telephone	
	Page 1 of 3	12/04	

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?			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?			
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? yes			
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.			
J-5-08			
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 ContractorOwnerOfficer/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 ContractorOwnerOfficer/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			
Afficiant 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 ContractorOwnerOfficer/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 G-4

Job Name CUMMINGS

Date: 3-6-08

Required Inspections for SFA/SFD

Appl. # 0850019422Valuation $\pm 141,703$ Sq. Feet 2181

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
40	Two Trade Rough In> 2500 One Trade Rough In
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
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
999	One Trade Final > 2500
/// V	Envir. Operations Permit