

From Denise & Barbara Matthews to Mr. Jones

at Thu 5/29/2008 10:42 AM 2/2

* Each section below is the initial on my...
unlicensed professional work. Must be owner
or Licensed Contractor. Address, telephone
number of (State) must be submitted on
Form 10

Application # 0850019471

Harnett County Central Permitting
PO Box 2000 Lenoir, NC 27560
910-882-7022 Fax 910-882-0700

Application for Residential Building and Trade Permit

Owner's Name: Denise & Barbara Matthews
Site Address: 2546 Byrd's Mill Rd. Lenoir, NC 27560
Directions on job site from Lenoir: Go down 401 toward Foy. An through
Ruralview, come to plantation house on left. Gate to
the left of plantation house that's Byrd's Mill Rd. (See attached paper)

Subdivisor: Cowan Subdivision S2 Lot # 10
Description of Proposed Work: ADD CONSTRUCTION Bedrooms: 4
Height of 29'4" Unexcavated 5'7" Finished Floor Height 4'0" Clear Space (Sub 1)

As Owner
Building Contractor's Company Name: (910) 980-0552
Telephone
1576500 West St. Lenoir, NC 27560
Address License #

Signature of Contractor: Denise & Barbara Matthews
Must sign & fill out enclosed form
Signature of Owner(s) of Corporation

Description of Work: New Construction Service Area: 200 Approx TP/lot: no/no
Mechanical Contractor's Company Name: Mr. Healin of Lumberton Co Telephone: 910-868-2510
228 Cowan Dr. Lenoir, NC 27560 License # 151126

Signature of Contractor: Dann Scott
Signature of Owner(s) of Corporation

Description of Work: Mechanical Installation at Home
Mechanical Contractor's Company Name: Smith Service Co Telephone: 910-735-1013
PO Box 1331 Lumberton, NC 28359 License # 11639

Signature of Contractor: William Smith
Signature of Owner(s) of Corporation

Description of Work: Plumbing Service Area: 200
Plumbing Contractor's Company Name: Earlve Jones Plumbing Co Telephone: 910-494-9403
2550 Murray Dr., Lenoir, NC 27560 License # 4610

Signature of Contractor: Earlve Jones
Signature of Owner(s) of Corporation

Description of Work: Insulation Service Area: 200
Insulation Contractor's Company Name & Address: Glenn Rita Insulation 5707 Clinton Bl. Fayetteville, NC 28320 Telephone: 910-882-7022
Charlote Carter State Lic. # 7959 License # 423-8101

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)

- 1. 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.

Demetri S. Matthews
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:

___ 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.

Company or Name: _____

Sign w/Title: Demetri S. Matthews

Date: 6/17/08

Plan Box Number F-3

Job Name MATTHEWS

Date: 6-23-08

Required Inspections for SFA/SFD

Appl. # 0850019471
Valuation 216,355
Sq. Feet 3330

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit