

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 # 0850019596

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: BFT Builders Date: 7-18-08

Site Address: 49 William Bethune Ct. Phone: 433-4337

Directions to job site from Lillington: 401 S. towards Fay, Right onto Elliott Bridge Farm Rd. Right onto Will Lucas Rd. Right onto Carolina Oaks Cir., Right onto William Bethune Ct.

Subdivision: Carolina Oaks Lot: 18

Description of Proposed Work: Single Family Dwelling #Bedrooms: 3

Heated SF 1861 Unheated SF 520 Finished Rec Room? NO Crawl Space  Slab

**General Contractor Information**

BFT Builders 433-4337

Building Contractor's Company Name Telephone

P.O. Box 42206, Fay, NC 28309 27641

Address License #

Marla Bogen Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work Electrical Instt. Service Size: 200 Amps TPole: /no

Ringled Electrical Contractors 237-5690

Electrical Contractor's Company Name Telephone

P.O. Box 782, Hope Mills, NC 28348 20555-L

Address License #

Ray W. Right

Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work HVAC

Jimmy Hall HVAC 424-8419

Mechanical Contractor's Company Name Telephone

P.O. Box 1167, Hope Mills, NC 28348 14953-H31

Address License #

Jimmy Hall

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing Installation # Baths 2.5

Frank D. Townsend Plumbing Co. 426-9878

Plumbing Contractor's Company Name Telephone

4066 EIK Rd, Hope Mills, NC 28348 05993-P1

Address License #

Frank D. Townsend

Signature of Officer(s) of Corporation

**Insulation Permit Information**

Cumberland Insulation-3536 Merle Ct 910-484-7118

Insulation Contractor's Company Name & Address Telephone

Fay, NC 28312

### 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.

Marla Rogers  
Signature of Owner/Contractor/Officer(s) of Corporation

10-7-09  
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: BFT Builders  
Sign w/Title: Marla Rogers, Secretary Date: 6-11-09

CRAWL

Plan Box Number C-8

Job Name BFT BUILDERS

Date: 9-14-09

Required Inspections for SFA/SFD

Appl. # 0850019596

Valuation \$154,698

Sq. Feet 2381

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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
60		One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit