\* 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 #	085001959	7
ADDITCATION #		•

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

	_			<b>.</b>	
<b>Application</b>	4	D1141-1	FR V4 . D		_

Owner's Name: BFT Builders (Wm. P. Jackson) Date:	
Site Address: 590 Carolina Oaks Cir Phone: 433-4337	<del></del>
Directions to job site from Lillington: 401 S. towards FAy. Right on Elliot	— .t∴Bridae
Farm Rd. Right on Will Lucas Rd. Right onto CArolina Oak	e Cir
Left on Carolina Oaks Cir.	a CII.
Subdivision: Carolina Oaks Lot: 34	
Description of Proposed Work: Single FAmily Dwelling #Bedrooms: 3	
Heated SF 1769 Unheated SF 578 Finished Rec Room? Yes Crawl Space General Contractor Information	( ) Slab (¾
BFT BUilders (Wm. P. Jackson) 433-4337	
Building Contractor's Company Name P.O. Box 42206, Fayetteville, NC 28309  27641	<del></del>
Address License #	
Must sign & fill out second page	
Signature of Owner Contractor Officer(s) of Corporation	
Description of Work DE CHYLService Size: 200 Amps TPole yes no	
Einelia Electrical Contractors 910 237 5690	
Electrical Contractor's Company Name Telephone	_
20 BUX 782 HOPEMILLS. NC 2834 8 20555	<u></u>
Address License #	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	
Description of Work HVAC	
Jimmy Hall HVAC 910424-8419	_
Mechanical Contractor's Company Name  Telephone	lan i
Address License #	ロシー
Agraress License #	
Signature of Officer(s) of Corporation	•
Plumbing Permit Information	
Description of Work # Humbing Installation # Baths 2	<del>_</del>
Frank D. Townsend Plumbidg Co. 910 426-9878	<del></del>
Plumbing Contractor's Company Name Telephone  4066 EKRO HORNIS, NC 28348  05993 Pl	
4066 EIKRO HIPEMIIS, NC 28348 05993 Pl Address License #	<del></del>
Find D. Tourse	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
umberland trallation 3536 merle Ct. Fey NC 28312 910	<del>)</del> 484- 1118
Insulation Contractor's Company Name & Address Telephone	•

Application #_	0850019597	

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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
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
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 <a href="mailto:any-changes">any-changes</a> 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
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
X General ContractorX Owner Officer/Agent of the Contractor or Owner
X General Contractor X 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:
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
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
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  X 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.  X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  X 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.  X 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
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  X 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.  X 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.

BUILDING

Plan Box Number AA-12

Job Name ACCENT

Date: 3-21-05

Required Inspections for SFA/SFD

Appl. # 08500 19597 Valuation \$150, 929 Sq. Feet 2323

## 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
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final > 2500
60	Two Trade Final > 2500
60	One Trade Final
60	· · · · · · · · · · · · · · · · · · ·
999	One Trade Final > 2500
	Envir. Operations Permit