

* Each section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0850019598

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 (Wm. P. Jackson) Date: _____
Site Address: 40 Nordica Ct Phone: 433-4337
Directions to job site from Lillington: 401 S. towards Fay. Right on Elliott Bridge Farm Rd. Right on Will Lucas Rd. Right on Carolina Oaks Cir. Left on Carolina Oaks Cir. Left on Nordica Ct.
Subdivision: Carolina Oaks Lot: 36
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated SF 1861 Unheated SF 630 Finished Rec Room? Yes Crawl Space Slab ()

General Contractor Information

BFT Builders (Wm. P. Jackson) 433-4337
Building Contractor's Company Name Telephone
P.O. Box 42206, Fayetteville, NC 28309 27641
Address License #
[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work SFD Electrical Service Size: 200 Amps TPole: No
Kingled Electrical Contractors 910 237-5690
Electrical Contractor's Company Name Telephone
PO Box 782 Hope Mills, NC 28348 20555-L
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC
Jimmy Hall HVAC 910 424-8419
Mechanical Contractor's Company Name Telephone
PO Box 1167 Hope Mills, NC 28348 14953-N31
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Installation # Baths 2 1/2
Frank D. Townsend Plumbing Co. 910 426-9878
Plumbing Contractor's Company Name Telephone
4166 Elk Rd. Hope Mills, NC 28348 05993 P1
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Cumberland Insulation 3536 Merle Ct. Fay, NC 28312 910 484-7118
Insulation Contractor's Company Name & Address Telephone

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.

Maile J. Jogen
Signature of Owner/Contractor/Officer(s) of Corporation

5-21-08
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: *[Signature]* President Date: 5-19-08

Plan Box Number AA-12

Job Name ACCENT

Date: 5-21-03

Required Inspections for SFA/SFD

Appl. # 0850019598

Valuation 154,697

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