

* 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 # 0850019600

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: 389 Carolina Oaks Cir. 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.
Subdivision: Carolina Oaks Lot: 55
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated SF 1765 Unheated SF 573 Finished Rec Room? yes Crawl Space () Slab

General Contractor Information

BFT Builders Telephone: 433-4337
Building Contractor's Company Name
P.O. Box 42206, Fay, NC 28309 License # 27641
Address

Marla Rogers Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Electrical Installation Service Size: 100 Amps TPole: no
Rinked Electrical Contractors Telephone: 237-5690
Electrical Contractor's Company Name
P.O. Box 782, Hope Mills, NC 28348 License # 20555-L
Address

King W. Ruff
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC
Jimmy Hall HVAC Telephone: 424-8419
Mechanical Contractor's Company Name
P.O. Box 1167, Hope Mills, NC 28348 License # 14953-H31
Address

Jimmy Hall
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Installation # Baths 2
Frank D Townsend Plumbing Co Telephone: 426-9878
Plumbing Contractor's Company Name
4066 Elk Rd., Hope Mills, NC 28348 License # 05993-PI
Address

Frank D. Townsend
Signature of Officer(s) of Corporation

Insulation Permit Information

Cumberland Insulation Telephone: 484-7118
Insulation Contractor's Company Name & Address 3536 Merteck 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

10-8-09
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

SLAB w/
GARAGE

Job Name B. F. T. BUILDERS

Date: 9-15-09

Plan Box Number K-8

Required Inspections for SFA/SFD

Appl. # 085M19600
Valuation \$151,904
Sq. Feet 2338

Sequence

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 50
- 60
- 60
- 60
- 60

- R* Bldg. Footing
- R* Elec. Temp Service Pole
- R* Building Foundation
- Address Confirmation
- Open Floor
- R* Bldg. Slab Insp.
- R* Elec. Under Slab
- R* Plumb. Under Slab
- Four Trade Rough In
- Four Trade Rough In > 2500
- Three Trade Rough In
- Three Trade Rough In > 2500
- Two Trade Rough In
- Two Trade Rough In > 2500
- One Trade Rough In
- One Trade Rough In > 2500
- R* Inspection
- Four Trade Rough In
- Four Trade Rough In