* 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 # 0850019601

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: HCCENT HOME Builders Date: 7-18-08
Site Address: 20 William Bethune Ct. Phone: 433-4337
Directions to job site from Lillington: 401 S. +owards Fay, Right onto Elliott
Bridge Farm Rd. Right onto WILL Lucas Rd. Right onto Carolina
Oaks Cir. Right on William Bething Ct.
Subdivision: <u>Carolina Daks</u> Lot: <u>17</u>
Description of Proposed Work: Single Family Dwelling #Bedrooms: 3
Heated SF 1795 Unheated SF 604 Finished Rec Room? No Crawl Space Slab (1)
General Contractor Information
HCCent Home Builders 910 433-4337
Building Contractor's Company Name Telephone
P.O. BOX 42206, Fay, nc 28309 31099
Address License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page
Electrical Permit Information
Description of Work Electrical Install Service Size: 200 Amps TPole: 1986/no
Ringled Electrical Contractors 9102375690
Electrical Contractor's Company Name Telephone
P.O.BOX 782, HOPE MILL NC 28348 20555-L
Address License #
New Williams
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
PiDiBOX 116+, Hope Mills, NC 28348 14953-H31
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Oliver land latter and all all all all all all all all all al
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. Townson
Signature of Officer(s) of Corporation
Insulation Permit Information
Lumberland Insulation 3536 Merle Ct 910484-7118
Insulation Contractor's Company Name & Address Fay NC28312 Telephone
J'

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? yesno
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. 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: Hccent Home Builders
Sign w/Title: Marly Rogers, Secretary Date: (0/11/05)

Plan Box Number ____

Job Name ACCENT Homes

Date: 9-15-09

Required Inspections for SFA/SFD

Appl. # 08500 1960 | Valuation # 155, 868 | Sq. Feet 2399

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
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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