

3

Permit # 98079004

Application # 085 2019642

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.

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

**Application for Residential Building and Trades Permit**

Owner's Name: Christ Kim Pearson Date: 04/16/08

Site Address: 80 Deer Path Farms Rd. Phone: \_\_\_\_\_

Directions to job site from Lillington: 421 towards Dunn TR on Old stage Rd just past Air Port TR on Thommas Creek Rd. TR on Deer Path farms Rd.

Subdivision: Deer Path Farms II Lot: 15

Description of Proposed Work: New Construction House #Bedrooms: 3

Heated SF 1923 Unheated SF \_\_\_\_\_ Finished Rec Room? 412 Crawl Space  Slab ( )

**General Contractor Information**

Turlington Builders LLC 910-226-4033  
Building Contractor's Company Name Telephone

1103 Denim Dr. Erwin NC 28339 63290  
Address License #

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

**Electrical Permit Information**

Description of Work Home wiring Service Size: 400 Amps TPole: yes/no

Randy Glover Electrical Contractor 910-489-3195  
Electrical Contractor's Company Name Telephone

3093 Beaver Dam Rd CRWIN NC 28339 16009-2  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC

Air Control 910 980 1209  
Mechanical Contractor's Company Name Telephone

6623 Sherill Baggett Rd - Godwin 21319  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing # Baths 2.5

1ST CHOICE PLUMBING 910-897-4458  
Plumbing Contractor's Company Name Telephone

1145 TURLINGTON RD DUNN 32705  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

TRI-City Insulation 418 Person St. Fayetteville NC 910-486-8855  
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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

04/16/08  
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: Turlington Builders LLC

Sign w/Title: *[Signature]* Owner    Date: 04/16/08

Crawl

Plan Box Number CG

Job Name Pearson

Date: 3-13-08

Required Inspections for SFA/SFD

Appl. # 08-50019642

Valuation \$190,496

Sq. Feet 2932

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20		Address Confirmation
30-999	<u>✓</u>	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	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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