

* 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 # 08-50019682

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: Harry Anderson Date: _____

Site Address: Tract 21 Vandergriff Farm Phone: _____

Directions to job site from Lillington: Hwy 210 South of Lillington approx. 4 miles, Site on RT, 100 yds past Temple Rd.

Subdivision: N/A Lot: N/A

Description of Proposed Work: New Construction 1 1/2 Story #Bedrooms: 4

Heated SF 3100 Unheated SF 533 Finished Rec Room? yes Crawl Space Slab ()

General Contractor Information

Jeffrey L. Pope 910-814-7475
Building Contractor's Company Name Telephone

2568 Old Buies Creek Rd. Angier N.C. 41084
Address License #

Jeffrey L. Pope Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New House Service Size: 200 Amps TPole: yes/no

Wes Matthews Residential 919-868-8187
Electrical Contractor's Company Name Telephone

5781 Rawls Church Rd. Fuquay, N.C. 21204
Address License #

Wes Matthews
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Install 3 ton & 2.5 ton units

Indoor Comfort 910-897-1853
Mechanical Contractor's Company Name Telephone

1953 Old Stage Rd. Erwin, N.C. 28339 17615
Address License #

Oron Warkens
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New House Plumbing # Baths 2 1/2

R.L. Holland Plumbing 919-639-0220
Plumbing Contractor's Company Name Telephone

554 Homestead Ln. Angier, N.C. 11687
Address License #

Ruby Holland
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Inc.
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.

Jeffrey L. Pope
Signature of Owner/Contractor/Officer(s) of Corporation

4-16-08
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: Jeffrey L. Pope

Sign w/Title: Jeffrey L. Pope (Owner) Date: 4-16-08

Plan Box Number H-3

Job Name POPE

Date: 3-24-08

Required Inspections for SFA/SFD

Appl. # 0850019682

Valuation \$ 230,389

Sq. Feet 3546

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		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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		Four Trade Final
60	<input checked="" type="checkbox"/>	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