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 | # | 4 | 81 | 4 | |
|-------------|--|---|----|---|--|
| 4.4 | emanus automatus | | | | |

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** 3-31-08 Site Address: Directions to job site from Lillington: Take East Subdivision: Description of Proposed Work: New Const. #Bedrooms: Finished Rec Room? Yr 3 Unheated SF Crawl Space (Y Slab () **General Contractor Information** 910-639-0226 Telephone Address Must sign & fill out second page Signature of Owner/Contracto/Officer(s) of Corporation **Electrical Permit Information** Description of Work ___ _Service Size: 🔏👓 __Amps TPole:(yes/no 9/0 - 893-5774 Telephone Patrick and Burgess Electrical Contractor's Company Name 309 North Main St. Address Signature of Officer(s) of Corporation Mechanical Permit Information Mechanical Contractor's Company Name 4.0 Box 175 Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work Address Signature of Officer(s) of Corporation Insulation Permit Information

Insulation Contractor's Company Name & Address

| Ap | plication | # |
|----|-----------|---|
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| 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 | | | | | | |
| 2. 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? 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? | | | | | | |
| | | | | | | |
| 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. | | | | | | |
| Lant mes 4/7/18 | | | | | | |
| 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. | | | | | | |
| | | | | | | |
| | | | | | | |
| covering themselves. | | | | | | |
| 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 | | | | | | |

Plan Box Number <u>E-2</u>

Job Name <u>JONES</u>

Date: <u>4-8-08</u>

Required Inspections for SFA/SFD

Appl. # 08500 19814 Valuation \$ 2.23, 762 Sq. Feet 3444

Sequence

| 10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60 60 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 Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final Two Trade Final |
|--|---|
| | Envir. Operations Permit |
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