* 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 ticense.

Application

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.hamett.org

Application for Building and Trades Permit

Owner's Name: STEDITES ON BUILDERS INC. Date:
Site Address: 62 DERBY CONF LILINGEN Phone: 918-639-2862
Directions to job site from Lillington: May 210 East 12 m. Past 401 Tenu
LEFT ON BRICE JOHNSON BL 60 TO END LEFT ON DEADY
Subdivision: Jothy Say Frens Lot: 26
Construction Type: (Please Check) Building Use: (Please Check)
New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost:Description of Proposed Work:
Heated SF 2/00 Unheated SF 100 Finished Rec Room? Vel Crawl Space (1 Slab ()
Seneral Contractor information Building Cost S
STEPHENSON BUILDESS INC. 919-6.39-2862 (PHIL-919427-8654) Building Contractor's Company Name Telephone
Building Contractor's Company Name Telephone
1/87 N. RAISIGH ST. ANGIGE, N.C. 2750 53604
Must sign second page & fill out third asset
Objective of Companies of Compa
Description of Work Service Size: 200 Amps #TPoles
REX DEAN ELECTRIC 9/9 5.52.4282. Electrical Contractor's Company Name Telephone
Dra 20 Variation at the state of the state o
Address Dillian Mark NC27592 5740 License #
Lex Lean
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$ 6500 Description of Work #Units 2
700 111100
Mechanical Contractor's Company Name Telephone
1500 LADE STEPHENSON RO. HOLLY SARINGS N. C. 27546 12655 4-3
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information Plumb Cost \$ 4.500
Description of Work #Baths 2
Plumbing Contractor's Company Name 919 639 0195 Telephone
BNC 1004 ANGIEL, N-C-2250 14087
Aich (/ lef le)
Signature of Officer(s) of Corporation
Insulation Permit Information
Insulation Contractor's Company Name & Address Telephone Telephone
Telephone Telephone

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)			
Do you own the land on which this building will be constructed?			
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 of Owner/Centractor/Officer(s) of Corporation Date			
Signature of Owner/Centractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
Affidavit for Worker's Compensation N.C.G.S. 87-14			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
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			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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:			
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			
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			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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.			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			

Plan Box Number 6-4

Job Name STOPHEN SOL BLOK

Date: 4-7-08

Required Inspections for SFA/SFD

Appl. # 08500 19817 Valuation \$ 143,847 Sq. Feet 2214

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