\* 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 #\_\_\_\_

Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Building and Trades Permit** 

Owner's Name: STEPHYSON BUILDERS INC. Date:
Site Address: 1/9 DERBY CARE LILINGEN Phone: 919-639-2862
Directions to job site from Lillington: Muy 210 East 12 m. Past 401 Turns
LEFT ON BRUCE JOHNSON BL 60 TO END LEFT ON DEDBY
Subdivision: Johns Lot: 29
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 2200 Unheated SF 100 Finished Rec Room? 15 Crawl Space (15lab ( )  General Contractor Information Building Cost \$
STEPHENSON BUILDERS INC. 919-639.2862 (PHIL-919427-8654)
Building Contractor's Company Name Telephone
1/87 N. RAKEIGH ST. ANGIER, N.C. 22501 53604
License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign second page & fill out third page
Description of Work Service Size: 200 Amps #TPoles
REY DEAN ELECTRIC 919 552 42 82
REX DEAN ELECTRIC 9/9 -5.52.42.82 Electrical Contractor's Company Name Telephone
Response Telephone  8039 Kennessec Rd Willow SPANS NC 27592 5748  Address
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$ 65 00
Description of Work #Units # Units
Mechanical Contractor's Company Name  919.552-6258  Telephone
1500 LADE STEPHENSON RO. HOLLY SAGNES N. C. 27546 12655 H-3 Address
Address License #
Siturd Carroll
Signature of Officer(s) of Corporation  Plumbing Permit Information Plumb Cost \$ 4500
Description of Work // #Baths 2 1/2
Plumbing Contractor's Company Name  919 639 0195  Telephone
BOX 1004 ANGIEL N.C. 2250 116087
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
13V47H6 INC. 1212 HOWELT. PAIGHEN NC 22/03 919-222-9180
Insulation Contractor's Company Name & Address Telephone

Telephone

Application	#
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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? 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? yesno			
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 <a href="mailto:any-changes-occur">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.</a>			
4-7-08			
Signature of Owned 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:			
set forth in the permit.			
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
·			
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			
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			
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.			
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			

Plan Box Number 6-4

Job Name STepHeN 50N

Date: 4-7-08

Required Inspections for SFA/SFD

Appl. # 08500 19818 Valuation + 137,934 Sq. Feet 2123

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