*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 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades Permit

White troit in treatments		ā
Owner's Name: DB Bulders LLC	Annual Control of the	<u>-8-08</u>
Site Address:	Phone: 892.	4345
Directions to job site from Lillington: 27 w/ (1)) on Hoover Rd. 16	Don Wend Ston
Filar Feir Born		
	PMARAMATICAL AND	
Subdivision: Persimmon Hill	Lot:	67
Description of Proposed Work:	#Bedroom	s:3
Heated SF 2608 Unheated SF 576 Finished	Rec Room? <u>436</u> C	rawl Space (Slab (
Cumberland Homes	910-892-4	3A5
	Telephone	iirin-manama
PO BOX 727 Dunn, NC 28335	,	59493 License #
Address	A DESCRIPTION OF THE PROPERTY	License #
Yang hours	Must sign & fill out second pag	је
Signature of Owner/Contractor/Officer(s) of Corporation)n	
Description of Work New Serv	rmit Information ice Size: <u>200</u> Amps TP	nie vestno
Wester + Pace	919 - 499 - 53	
Electrical Contractor's Company Name	Telephone	<u>G '</u>
546 Leslie Dr. Sanford, NC		2007-LL
Address -	***	License #
William Wester		
Signature of Officer(s) of Corporation		
**************************************	ermit information	
Description of Work Neω		
Jacksons Heating + Air	910-891-5410	
Mechanical Contractor's Company Name	Telephone	377
Pa Bax 82 Benson, NC	· ·	73670
Address -0 0 #		License #
Juckson Jockson		
Signature of Officer(s) of Corporation	mit Information	
***		2/0
	# Baths# Baths	
HF Dorman Plumbing Inc. Plumbing Contractor's Company Name	910 - 483 - Telephone	*108T
		132
A521 Final Approach Rd. Fay, NC Address		License #
Burk , Donner		MIGORIGO II
Signature of Officer(s) of Corporation		
	mit information	
Tri-City Insulation 418 Person St.	Fay NC 910.	486-8855
Insulation Contractor's Company Name & Address		ephone

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?		
Do you intend to directly control & supervise construction activities?yesno		
Do you intend to schedule, contract, or directly pay for all phases of construction work to beyesno		
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 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.		
4-8-08		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14		
Signature of Owner/Contractor/Officer(s) of Corporation 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: 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:		
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: 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.		
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		

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

WATER USER'S AGREEMENT

Form Must be Completed in Full Before Service is Made Available. ID is Required.

Today's Date: 4-8-08	*Deposits shown apply for customers with approved credit only! Fees Due: Deposit, Owner, Water \$25 Connection Fee,
	Deposit, Owner, Sewer \$25 all accounts: \$15
Date Service Requested: will call	Deposit, Rental, Water \$50 Deposit, Rental, Sewer \$50 Meter Fee: \$70
	Deposit, Rental, Sewer \$50 Weter ree. \$70
This agreement is to request Harnett County Department of Pt and Regulations, to provide water and/or sewer service connections.	ablic Utilities through normal procedures and in accordance with the District's Rules etions at the following location:
Please Print: Subdivision Persilumon Ifill Service Address: Fair Bun Ln.	Lot # 67 Permit # (if applicable) 19838
Service Address: Fair Bun Ln.	Landlord:
Applicant's Name: 00 Builders Le	<u>.c</u>
Co-Applicant's Name:	
Mailing Address: Po Box 727	
	State: NC Zip: 28335
Home Phone Number: 893 - A3A5	Contact Phone Number:
Previous Address:	· · · · · · · · · · · · · · · · · · ·
Customer's Social Security #:	Co-App's Social Security #:
Customer's Drivers License #:	Birthdate:
Co-App's Drivers License #:	Birthdate:
Employer:	
Employer's Address	Employer's Phone #:
Co-Applicant's Employer and Phone #:	
Name of Nearest Relative:	Phone #:
Mailing Address:	
notice. In order for service to be restored, I will be required to p action to collect on an account will be the responsibility of the co	regulations of the Harnett county Department of Public Utilities. Should I fail to SEWER bill, the department has the right to disconnect my services without further ay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from count ustomer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be bill regardless of whether water and/or sewer is being used, until the property is at you are at least 18 years of age.
	0.000
Amount Paid:Cash:	Check: Account #: CID: LID: Y'DYD
Account # Transferred From:	Date To Turn Off:
Address of Transferred Account:	Turn On:Read Only:Install:

Plan Box Number AA-1

Job Name D B BUILDERS

Date: 4-8-08

Required Inspections for SFA/SFD

Appl. # 08 500 19838 Valuation \$ 194, 914 Sq. Feet 3000

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	
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
50	One Trade Rough In > 2500
60	R* Insulation
	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
	- F CHIIIL