* 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 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit			
Owner's Name: Len Dauson Homes, Tric. Date:			
Site Address: Lot #9 Bennett Place Phone: (919) 423-6979			
Directions to job site from Lillington: HWY. 431 S, toward Dum; 10 ton			
HWY 301 N.; loft on Neighbors Ad.; left on Neutures Way			
			
Subdivision:			
Description of Proposed Work: Residential #Bedrooms: 3			
Heated SF 1706 Unheated SF 450 Finished Rec Room? NO Crawl Space Slab () General Contractor Information			
Building Contractor's Company Name Telephone			
120 Edmondson Dr. Willow Spring, NC 27592 59881			
Address License #			
Must sign & fill out second page			
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information			
Description of Work Residential Etectrical Service Size:Amps TPole:@es/no			
Mabry's Electrical Service, Inc. (919) 639-4837			
Electrical Contractor's Company Name Telephone			
731 Mabry Road Argier, NC 27501 15077-U Address, License #			
Address #			
Signature of Officer(s) of Corporation			
Mechanical/HVAC Permit Information			
Description of Work Kesidential HVAC			
Mechanical Contractor's Company Name Telephone			
Address Address License #			
Loseph Loclard			
Signature of Officer(s) of Corporation			
Plumbing Permit Information			
Description of Work for idential Plumbing #Baths 2			
Silbert Dunking (o. 910) 214-1274			
Plumbing Contractor's Company Name Telephone			
583 11moth, 40. 1 man, NC 28334 5394] Address License #			
Lilling Dillnest			
Signature of Officer(s) of Corporation			
Insulation Permit Information			
Totum Insulation IT 519 Old Ding Store Rd. Carner, NC 2769 (719) 661-0999			
Insulation Contractor's Company Name & Address 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?yesno				
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 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 <u>any</u> 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				
Signerture of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
The undersigned applicant being the:				
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				
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:				
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				
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				
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.				
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				

Plan Box Number	-	4
-		

Job Name Ken Dans m

1698

279

447

Date: 5-6-08

Required Inspections for SFA/SFD

Appl. # 08-500 1984 (
Valuation 15 749)

Sq. Feet 2424

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
60	One Trade Final > 2500
999	
	Envir. Operations Permit