* 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 tic visa.

Application #_

Harnett County Central Permitting PO Box 65 Littington, NC 27546 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Randy -, Maric Fry c	Date: 4-16-08
Address: Coeks NC	Phone: 910 - 897 - 0544
Directions to job site from Lillington: Lott on Priston Camp	, RZ 2.9 miles
on Left	
Subdivision:	_Lot:
Construction Type: (Please Check) Building Use: (Please C	Check)
New Moved House Residential Renovation Addition Other Modular	Commercial
RenovationAdditionOtherIviodulai	Width-r arrany
Total Project Cost: 260,000.00 Description of Proposed Work:	annonomonomonomonomonomonomonomonomonomo
Heated SF 3619 Crawl Space (4 Slab () Building Construction C	Cost \$ 290,000.00
Unheated SF Acres Disturbed2	Stories _2_
· ·	
Seventy Built Homes, Inc. 910-993-24 Building Contractor's Company Name Telephone	
P.O. Box 1417 Lillington W.C. 27546	63787
Address	License #
Kan Daen	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Co	f form & workers comp
Electrical Permit Information Description of Work Electrical Cost	\$ 11,000.00
TS Pole: Yes (\ No.(\) Underground (\) Overhead (\)	
Permanent Service: Underground (/ Overhead () Service Size:	<u> Чоо</u> Amps
Townsond's telectric	A CONTRACTOR OF THE CONTRACTOR
Electrical Contractor's Company Name Telephone	
1402A Townsond Rd Parkson NC 28371	
Address	License #
_ godi Toursend	
Signature of Officer(s) of Corporation Mechanical Permit Information	•
Description of Work T. M. Heating A.	
Description of Work J. M. Heating A. A. Number of Units Q. Type System GAD Mech	anical Cost \$ 11,0∞.00
9+M HEating + Air, Soc. 910.	-897-5501
Mechanical Contractor's Company Name Teleph	none
724 Techington Rd Dura, 11 C 28334	17164
Address 1	License #
Kut Johnson V	
Signature of Officer(s) of Corporation	
Description of Work Celey's Plumbing Permit Information	
Number of Baths 3 (21/2) Plumbing Cos	1\$ 9,000.00
	- 894 - 1813
Plumbing Contractor's Company Name Telep	hone
8991 NC Hwy 27 east Benson, NC 2750	4 17405
Address • 1:00	License #
Contohille - COID Sec.	•
Signature of Officer(s) of Corporation	n () Not Domisiand ()
Insulation Permit Information Residential (/) Other	919-772-9000
Insulating Inc. Kalasa wic.	VI (7 - 1

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		
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		
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/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.		
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.		

_Date:___

Sign w/Title:_

\ppl	ication	#
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Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	d applicant for Building Permit # being the:	
	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby conf the work set fort	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h in the permit:	
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.	
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.	
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.	
The second se	Has/have not more than two (2) employees and no subcontractors.	
Department issinsurance prior	in the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, on carrying out the work.	
Firm Name:	sevenity Built Homes Inc.	
sign/Title: Ku	nocum sed	
Date: 4-16-	0 ×	

Plan Box Number	Job Name_FRY e Date: 5-19-08
Required Inspection	ons for SFA/SFD ' Appl. # <u>08-50019</u> 925 Valuation <u>321475</u> Sq. Feet <u>4948</u>
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	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. (avage has lugged R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 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 Three Trade Final Three Trade Final Three Trade Final Two Trade Final

One Trade Final > 2500

Envir. Operations Permit

60

999