\* 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	#
Application	π.

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit
Owner's Name: Ken busson Homes, Inc., Date: 65-06-2008
Site Address: Lt. 32 Bennett Place Phone: 99/422-6979
Directions to job site from Lillington, HWY. 431 5. to Dunn Left on
HWY. 301 N. toward Benson; Lott on Neighbors ted; Lott
on Natures Way; Lotton Beaver (Yeek
Subdivision: Lot:
Description of Proposed Work: Residential #Bedrooms: 3
Heated SF 1399 Unheated SF 690 Finished Rec Room? NO Crawl Space ( Slab ( )
General Contractor Information  (96.1//2.7.6979
Building Contractor's Company Name Telephone
120 Edmondson Vive Willow Spring, NC 27592 59881
Address License #
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation  Contractor/Officer(s) of Corporation  Contractor/Officer(s) of Corporation
Description of Work Kericle Service Size: Amps TPole Yes no
Electrical Contractor's Company Name  Telephone  Telephone
731 Mahry Rd. Argier, NC 27501 15077-U
Address License #
Signature/of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work Kesi dential HVAC
Mechanical Contractor's Company Name  Telephone
917 Hobbs St. Clayton, NC 27520 22024
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work Kestobation Plumbing #Baths 2
Plumbing Contractor's Company Name Telephone
1638 Timothy Ld. 1 pm NC 28334 10929
Address // License #
Killer Siller
Signature of Officer(s) of Corporation  Insulation Permit Information
Tatum Insulation II 519 Old Ding Store Rd. Corner, NC (919) 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?yesno				
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  35-06-308  Stinature of Owner/Contractor/Officer(s) of Corporation  Date				
Strinature of Owner/Contractor/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:  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.				
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				

Plan Box Number_	1-1	4	
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Job Name Ko

Date: 5-6-01

Required Inspections for SFA/SFD

Appl. # 0,8-500200 18 Valuation 140143 Sq. Feet 2157

1650

462

## Sequence

60

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