* 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

Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Brett_ Date: Joseph Owner's Name: Address: 210 Directions to job site from Lillington: Take and subdivision is about Harnett Central Rd Subdivision: Qual Building Use: (Please Check) Construction Type: (Please Check) Residential Commercial **Moved House** New Modular Multi-Family Addition Other Renovation Total Project Cost. *200,350 Description of Proposed Work: Construct new Residence **General Contractor Information** Building Construction Cost \$ 180,000.00 Crawl Space () Heated SF Acres Disturbed Stories Unheated SF Slab() (910) 814 - 272 Custom Construction LC Telephone Building Contractor's Company Name 210- Supreme Or Lillimitor, NC Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Electrical Cost \$ Description of Wyrk Wiving Nouse TS Pole: Yes (No () Underground (Overhead () Service Size: Permanent Service: Underground () Overhead () NI 27544 Signature of Officer(s) of Corporation Mechanical Permit Information Installing HiviAic. Description of Work Type System Heat Pump Méchanical Cost \$ Number of Units 910-39 Telephone Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work Plum him a Plumbing Cost \$ \$6500.00 Number of Baths Johnson Telephone Plumbing Contractor's Company Name 1490 Clauk **Address** Signature of Officer(s) of Corporation Insulation Permit Information Residential (Other () Not Required () (910)237-0457 INSULATION Tri - City Telephone Insulation Contractor's Company Name & Address

Application	#			

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?				
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. A 28/08 Date Dat				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
The undersigned applicant being the:				
The undersigned applicant being the: Officer/Agent of the Contractor or Owner				
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				
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:				
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				
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				
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.				
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				

Appl	ication	#	 	 	 _

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure:	<u> </u>
Owner (s) Telephone:	
Owner (s) Mailing Address:	
Subdivision:	Lot #:
I JAMIE John	have provided or will provide the
Plumbing	have provided or will provide the
	license, which entitles me to perform such work on
the above structure legally. All wo	ork shall comply with the State Building Code and all
other applicable State & local laws	, ordinances and regulations.
Owner (s) signature:	Date:
Contractor's signature:	John Date:
Contractor's Name: Jamie	Johnson Date:
County: Harnett	N.C. 27544
Contractor's License:	21649

Plan Box Number H-3

Job Name ALLEN

Date: 5-6-08

Required Inspections for SFA/SFD

Appl. # 08 500 200 9 Valuation \$ 184, 064 Sq. Feet 2833

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
60	Four Trade Final
60	Four Trade Final > 2500
	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
50	One Trade Final > 2500
099	Envir. Operations Permit

Plan Box Number

Job Name ALLEN

Date: 5-78-08

Required Inspections for SFA/SFD

Sequence