

* 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 # 0850020026

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: CHRISTOPHER W. WEAVER T/A CWW CONTRACTORS Date: 6/30/08

Site Address: _____ Phone: 919-796-9286

Directions to job site from Lillington: 210 TOWARDS ANGLER, LEFT ON HARNETT CENTRAL RD. QUAIL GLEN ON LEFT

Subdivision: QUAIL GLEN Lot: 23

Description of Proposed Work: CONSTRUCT SFD #Bedrooms: 3

Heated SF 2817 Unheated SF 962 Finished Rec Room? YES Crawl Space Slab ()

General Contractor Information

CWW CONTRACTORS Telephone 919-796-9286

Building Contractor's Company Name Address 172 WINDMERE DR. ANGLER 27501 License # 56674

Signature of Owner/Contractor/Officer(s) of Corporation Ch W. Weaver Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole no

MABRY'S ELECTRICAL SERVICE Telephone 919-639-4837

Electrical Contractor's Company Name Address 731 MABRY RD. ANGLER NC 27501 License # 15077-U

Signature of Officer(s) of Corporation Robert Mabry

Mechanical/HVAC Permit Information

Description of Work _____

HVAC SPECIALIST INC. Telephone 919-552-9549

Mechanical Contractor's Company Name Address 5843 COKESBURY RD. F.V. NC 27526 License # 22035

Signature of Officer(s) of Corporation T.F. Vester

Plumbing Permit Information

Description of Work _____ # Baths 3

TOMMY ALLEN PLUMBING Telephone 919-552-6902

Plumbing Contractor's Company Name Address 1116 KENNEBEC RD. WILLOW SPRING NC. License # 9268

Signature of Officer(s) of Corporation Tommy E Allen

Insulation Permit Information

TRI-CITY Telephone 910-486-8855

Insulation Contractor's Company Name & Address _____

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)

- 1. 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? ___ 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.

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.

Company or Name: CHRISTOPHER W. WEAVER T/A CWW CONTRACTORS

Sign w/Title: Chry W. Wea / OWNER Date: 6/30/08

✓ C-3 Crawl

Plan Box Number C-3

Chris.
Job Name Weaver

Date: 6-30-08

Required Inspections for SFA/SFD

Appl. # 08-58820026
Valuation 216550
Sq. Feet 3333

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20		Address Confirmation
30-999	<u>✓</u>	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	<u>✓</u>	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	<u>✓</u>	R* Insulation
60		Four Trade Final
50	<u>✓</u>	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