

* 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 # 20063

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: Sharon Castaldo Date: 5/23/08

Site Address: Meadowlark Rd Phone: 404-514-0590

Directions to job site from Lillington: 491 E. left on Red Hill Ch Rd Rt on Three Bridge Rd, Rt on Meadowlark Rd property .03 miles on rt.

Subdivision: None Lot: _____

Description of Proposed Work: _____ #Bedrooms: 4

Heated SF 4937 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

Sharon Castaldo 404-514-0590
Building Contractor's Company Name Telephone

3375 Meadowlark Rd
Address License #

Sharon Castaldo Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Pat Electrician Service Size: 200 Amps TPole: yes/no
Patrick + Burgess Elec. Co. 910-893-5774

Electrical Contractor's Company Name Telephone

1309 W. Main St. Lillington 49106
Address License #

Jim Patrick
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Heat + Air
Byrd Heat & Air 919-963-0001

Mechanical Contractor's Company Name Telephone

2040 N.C Hwy 96 S. Four Oaks 28699
Address License #

James Byrd
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing # Baths _____
W & W Plumbing Co. Inc. 919-639-0195

Plumbing Contractor's Company Name Telephone

P.O. Box 1239 Ayler 14087
Address License #

Rick Wella
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Inc. 772-9000

Insulation Contractor's Company Name & Address Telephone

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.

Sharon Castaldo
Signature of Owner/Contractor/Officer(s) of Corporation

5/25/08
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: _____

Sign w/Title: Sharon Castaldo

Date: 5/25/08

Plan Box Number G-4

Job Name CASTALDO

Date: 5.28.08

Required Inspections for SFA/SFD

Appl. # 0850020003

Valuation \$365,205

Sq. Feet 5621

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
- 10 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

4194 CRAPS
UNFINISHED
N.I. ♂