* 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 # 08500 200 99

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

PO Bax 65 Littington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits Application for Residential Building and Trades Permit Phone: (919) Directions to job site from Lillington: TAKE Subdivision: AUSTIA 5 Description of Proposed Work: CONSTRUCT S #Bedrooms: Heated SF 1781 Unheated SF 1221 Finished Rec Room? Crawl Space M Slab () **General Contractor Information Building Contractor's Company Name** Telephone Address License # Must sign & fill out second page Signature of Owner Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work _Amps TPole(yes)no SINEWICK Service Size: 200 CAUXIAL NEAR SEARS ECECT Electrical Contractor's Company Name AUM BEDEKE DR. MODERT-VARRIET Address Calon Neal Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information RESIDENCE Description of Work 552-6258 Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work # Baths 1919 Plumbing Contractor's Company Name Telephone Address License # of Corporation

Insulation Permit Information

1212 Home Co.

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)		
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?		
yesno		
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 <u>any</u> 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.		
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		

BUILDING

Plan Box Number 4-3

Job Name BOONE

Date: ___5-29-08

Required Inspections for SFA/SFD

20089

Appl. # 08500 9 Valuation \$147,030Sq. Feet 2263

Sequence

10	R* Bldg. Footing
10-30	R* Flag Town G
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
.10	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
	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
— —	operations remit