

\* 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 # 0850020143

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: Chris Johnson Date: 5-22-08  
Site Address: 1324 Johnson Rd Phone: (919) 820-0299  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: Build new house #Bedrooms: 3  
Heated SF 1438 Unheated SF 514 Finished Rec Room? yes Crawl Space  Slab ( )

**General Contractor Information**  
Chris Johnson (919) 820-0573  
Building Contractor's Company Name Telephone

Owner  
License # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_  
Must sign & fill out second page

**Electrical Permit Information**  
Description of Work New House Service Size: 200 Amps TPole:  no  
Jason Byrd (910) 893-5612

Electrical Contractor's Company Name Telephone  
825 Neills Creek Rd. Lillington, NC 27546 22842  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical/HVAC Permit Information**  
Description of Work HVAC  
B48 A/C Co. Inc. 919-894-5151  
Mechanical Contractor's Company Name Telephone

Seeco Elevation P.O. Benson, NC 4256  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**  
Description of Work New House # Baths  
Grant Adams Plumbing 707 894-5817  
Plumbing Contractor's Company Name Telephone

P.O. Box 45 Benson, NC 27504 17359  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**  
Insulating Inc. Raleigh NC (919) 779-9562  
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.

Chris Johnson  
Signature of Owner/Contractor/Officer(s) of Corporation

05-22-08  
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:

Chris Johnson  
Owner

Sign w/Title:

Date:

05-22-08

Plan Box Number A4

Job Name Johnson

Date: 5-23-08

Required Inspections for SFA/SFD

Appl. # 0850020143  
Valuation 159310  
Sq. Feet 2452

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	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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