\* 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 # 0850020247

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Chris Alam Application for Residential Building and Trades Permit
Owner's Name: CAA Builders UE Date: 7/9/08
Owner's Name: CMA Builders LLC Date: 7/9/08 Site Address: Lat 22 / 100 Viola Lune 27501 Phone: (919)669-7245
Directions to job site from Lillington: 210 E Turn right on Old Gods Rd
Turke left on Old Bises Creek RS. (50 approx 1 t miles
take right on Violatare, but at end of cultersac on right
Subdivision: Sandy Grove TIT Lot: 22
Description of Proposed Work: New Alexandrial Constitute #Redrooms: 3
Heated SF 1248 Unheated SF Finished Rec Room? Crawl Space (X Slab ( )
C. A.
Building Contractor's Company Name  (919) 669 - 72 95  Telephone
_ 5786 McArthur Rd Browdian NC 27505 GODS2
/100/000 _ I inches #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
Description of Work New Const. Service Size: Amps TPole: #es/no
Tohnsthan Beaslay Electrical Contractors (910) 984 - 6051  Electrical Contractor's Company Name  Telephone
Address 26739
License #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work New Const.
Thdoor Comfort Heat Air (910) 891-8472  Mechanical Contractor's Company Name Telephone
1953 Old Stane Rd Erwin NC 28339 17615
Address License #
Signally Watterns
Signature of Officer(s) of Corporation  Plumbing Permit Information
Description of Work New Cont. # Baths 2
r Dairis
Plumbing Contractor's Company Name
POBOX 472 Angier NC 27501 11687
Address License #
Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation  Insulation Permit Information
Tri-City Insulation 418 Person St Sich 101 800- 408-1012
Insulation Contractor's Company Name & Address Telephone
FayeHerille, Ne- 28301

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 requestions).	st)
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?	
3. Do you intend to directly control & supervise construction activities?	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	
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 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	
Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	_
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General Contractor	
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:	
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	
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	

BUILDING

Crawl

Plan Box Number 4

Job Name CMA

Date: 7-2-08

Required Inspections for SFA/SFD '

Appl. # <u>08-56020</u> 247 Valuation <u>81084</u> Sq. Feet <u>1248</u>

## Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In Four Trade Final Four Trade Final 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
60	One Trade Final > 2500
999	Envir. Operations Permit