

* 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 # 08 500 20298

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Jerry & Becky Pope (Applicant - Signature Home Builders) Date: 7-9-08

Address: 509 West Broad St. Dunn NC 28334 Phone: (910) 890-9337

Directions to job site from Lillington: take 27 to coats turn right onto 55, proceed to Lincoln St. and turn left. Take Lincoln street out of town house on right about 1/2 mile

Subdivision: NA Lot: NA

Construction Type: (Please Check) New Moved House Renovation Addition Other
Building Use: (Please Check) Residential Commercial Modular Multi-Family

Total Project Cost: 174,000 Description of Proposed Work: Single family home construction

General Contractor Information

Heated SF 2036 Crawl Space Unheated SF Slab () Building Construction Cost \$ 174,000
Acres Disturbed 1 Stories 1

Signature Home Builders Inc 910 892 9299 (910) 385 8784
Building Contractor's Company Name Telephone

509 W. Broad St Dunn NC 28334
Address License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation -- Must sign back of form & workers comp

Electrical Permit Information

Description of Work Residential-New Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

White & Company 910 897 6525
Electrical Contractor's Company Name Telephone

PO Box 427 Erwin NC 28339 22907-U
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Residential-New HVAC
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Warren Heating & Cooling, Inc. (910) 892-3197
Mechanical Contractor's Company Name Telephone

1001 Denim Drive Erwin, NC 28339 03136 H-1, H-2, H-3
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Residential - New
Number of Baths 3 Plumbing Cost \$ 6,500

L.R. Glover Plumbing, Inc. 919-820-0026
Plumbing Contractor's Company Name Telephone

P.O. Box 764 Benson, N.C. 27504 07958
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Tri-City 418 Person St Fayetteville 28361 800 408 1012
Insulation Contractor's Company Name & Address Telephone

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, 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 _____

7-9-09

Wm H... (handwritten signature)

Sign & date

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

Questionnaire per G.S. 87-14 Regulations as to issue of Building Permits (Memo available upon request)

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Homeowners Applying to Build Their Own Home

Commercial Jobs must fill out this portion

Sprinkler System Information

Sprinkler Contractor's Company Name _____
 Address _____
 License # _____
 Contact & Telephone _____

Fire Alarm Contractor's Company Name _____
 Address _____
 License # _____
 Contact & Telephone _____

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____
 Address _____
 License # _____
 Contact & Telephone _____

Signature of Officer(s) of Corporation _____
 Address _____
 License # _____
 Contact & Telephone _____

Signature of Officer(s) of Corporation _____
 Address _____
 License # _____
 Contact & Telephone _____

Driveaway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Application # _____

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Signature Home Builders, Inc.

Sign/Title: Wall E Duff President

Date: 7-7-08

Plan Box Number E-2

Job Name SIGNATURE

Date: 7-9-08

Required Inspections for SFA/SFD

Appl. # 0850020298

Valuation \$173,084

Sq. Feet 2664

(INCLUDES REC. RM.)

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit