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 5 00 20362

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

MILTON	
Owner's Name: Stephen T. Milton - Enterprises Inc. Date: 7-29-08	
Site Address: 107 BEN CT. Lillington NC 27546 Phone: 910, 303, 1967	
Directions to job site from Lillington: TAKE ZIO S. TOWARDS SPRING LAKE.	
TURN LEFT ONTO BEN COURT JUST PAST TEMPLE RD.	
Subdivision: BEN woos Lot: 7	
Description of Proposed Work: <u>NEW CONSTRUCTION #Bedrooms:</u> 3	_
Heated SF <u>/585</u> Unheated SF <u>550</u> Finished Rec Room? <u>ルロ</u> Crawl Space (イミ <u>General Contractor Information</u>	Slab ()
Thomas Construction 910.893.8950	
Building Contractor's Company Name Telephone	
229 OAK ST. Lilliwaton, NC 27546 17963	
Address License #	
Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information	
Description of WorkService Size:ZevAmps TPole yes/no	
DAWSON'S Electric, INC.	
Electrical Contractor's Company Name Telephone	
3754 Cokesbury Rd. F.V. NC 27526 259-48-1	_
Address License #	
Laus Dallet	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	
Description of Work	
5+ M HEATING + AIR INC 910. 897, 5501	
Mechanical Contractor's Company Name Telephone	
724 Turkington Rol. 17164 Address License #	
Address License #	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work # Baths	
WAGNER Phungrik 916 593. 3050	
Plumbing Contractor's Company Name Telephone	
90 BUX 494 MAMERS, NC 27552 07474	
Address License #	
low May	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
TRI-CITY - 418 PERSON STREET FAYETTELFLE - 910.49	86 - 8
Insulation Contractor's Company Name & Address Telephone	

175 - ·

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 <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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.
7-29-08
Signature of Owner/Contractor/Officer(s) of Corporation Date
and the state of t
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 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
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: 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
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
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

Craul

Plan Box Number_	G1
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Job Name Thomas Const

Date: ___ 7-28-08

Required Inspections for SFA/SFD

Appl. # 08-5002036 **5**Valuation 130597
Sq. Feet 2018

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	
30-999	R* Bldg. Slab Insp. R* Elec. Under Slab
30-999	D*Dismin II I at
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
	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
·	a. Operations remit