08 50020412

CHANGE OF CONTRACTOR

I Jaron Memont am 50% owner of lample Custom Builder.
The other 50% owner is Droid Dick, Humpdow Custom Builder
has a Foodbol Cicoux, I need to change permit to my
Company Ceder Creek Builday Co. to get co. David has
personally freed Builday Co. to get us as with thempton
Custom Builder amymore.

Janthu 3/11/09

CHANGE OF CONTENCTOR

* 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 20412

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

Owner's Name: Hauth Custon Builden	Date: 3/1/09
Owner's Name: Hauften Custum Builden Site Address: 176 Gwendulya Way Phone	· 911 - 868-624 F
Directions to job site from Lillington:	
Subdivision: <u>Ballad woods</u> Description of Proposed Work: <u>New Readerland</u>	Lot: (74
Description of Proposed Work: New Recidential	#Bedrooms: -
Heated SF Unheated SF Finished Rec Room? \(\frac{1}{2} \) \(\frac{\text{General Contractor Information}}{\text{General Contractor Information}} \)	,
Cechr (red By blens Co 915-80	68-678F
General Contractor Information (echr (rech Building (o 9/5 - 80) Building Contractor's Company Name Telephone 75/6 Ovchool Gent Ch April 27539 Address	
7516 Orchard Gent Ch Apar, NE 27539	67115
Address	License #
Must sign & fill or	ut second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of WorkService Size:	_Amps TPole: yes/no
Electrical Contractor's Company Name Telephone	/
Electrical Contractor's Company Name Telephone	/
Address	License #
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit/Informati	<u>ion</u>
Description of Work	
	<u>-</u>
Mechanical Contractor's Company Name Telepho	one
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Rermit Information	
Description of Work	_# Baths
Plumbing Contractor's Company Name Telepho	one
Address	License #
Signature of Officer(s) of Corporation Insulation Permit Information	
Insulation Contractor's Company Name & Address	Telephone
modianon contrac <u>tor</u> a company name a Audresa	ו בובטווטוופ

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?		
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.		
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:		
The undersigned applicant being the:		
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		
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:		
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		
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. X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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.		
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		

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Each section below to be falled and by
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whomever performing work. Must be owner
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or licensed contractor. Address, company
o machaca contractor. Adoress, company
name & phone must match information on
marie a priorie mast match information on
license.
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.barnett.org/

Application for Residential Building and Trades Permit
Owner's Name: Hampton Custom Builders Ire Date: 6-30-08
Site Address: Phone: 919-524-2915
Directions to job site from Lillington: 1912 40) W draw 1:// 1
Light on Balker Rd Take Frest light onto Ruth Circle Take
the 3ct street to the left
Subdivision: Dallace Land
Description of Proposed Work: M. 10(1)
Heated SF 2300 Unheated SF 710 Finish Line -
Heated SF 250 Unheated SF 400 Finished Rec Room? 10 Crawl Space (4-Slab ()
trumpion (actions to ideas alg common
[elenhone
Address Address Stally Springe NC 27540 57/96
License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page
Description of Work alast C. Electrical Permit Information
Dalaich Volk Vew Construction Service Size: 200 Amps TPole, yes/no
Electrical Contractor's Company Al
- Held Busmall Agex NV
Address 24986-U
License #
Signature of Officer(s) of Corporation
Description of Work New Constitution
Mechanical Contractor's Company Name Telephone Telephone
6623 Sherrill Backett Rd badwa att 21212
Address All full License #
meun 1 (U) V.
Signature of Officer(s) of Corporation
Description of Work New Construction Plus And # Ports
Wagones Dumbine # Baths
Plumbing Contractor's Company Name Telephone Telephone
Box 494 Mimers NC 27552 receptione
Address Uicense #
Signature of Officer(s) of Corporation
()
Insulation Permit Information Insulation The Raleich NC
Insulation Contractor's Company Namo & Address
Telephone

Page 1 of 2

2/08

Plan Box Number	F6
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Job Name Harpton

Date: 7-1-05

Required Inspections for SFA/SFD

Appl. # 08-50020412
Valuation 204725
Sq. Feet 3151

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	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
10	The 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	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