\* 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.

Ben Woods #9

08500205

Application for Residential Bui			mit		
Owner's Name: Made Stephen M. Itom				09	SCAN
Site Address: 59 Ben Court					10/27
Directions to job site from Lillington: 210 5.					DAT
Burger King, Tarn left	20	Ber	<i>C.</i>	+	
2 NO house on left.		126.0	(85		
Subdivision: Ben Woods		Lot:	9		
Description of Proposed Work: New Construction				3	
Heated SF 1585 Unheated SF 550 Finished Rec Room? No Crawl Space (1) Slab ( )					
General Contractor		i 0 / 1			
Thomas (onstruction—  Building Contractor's Company Name  Te	<u>910, 305.</u> Henhone	176 /			
			17	913	
Address O O O	2/3/96	-	Licen	se#	
1. I homas . Ir. M	ust sign & fill ou	t second p	age		
Signature of Owner/Contractor/Officer(s) of Corporation					
Description of WorkService Si	ntormation ze: てつい	Amps 1	Pole:(ve	no	
Dowson's Electric		•	_		
Electrical Contractor's Company Name	elephone				
3940 Cokeshay Rd. Fuguay	Varive, 1	u.	25	148-L	v
Address	ŕ		Licen	se #	
Signature of Officer(s) of Corporation					
Mechanical/HVAC Per	mit Information	<u>on</u>			
Description of Work Heat Pump					
Mechanical Contractor's Company Name					
	Telepho		. –	1.11	
Address Address	NC		/7 Licer	<del>/-</del>	
Address			LICEI	15 <del>C</del> #	
Signature of Officer(s) of Corporation					
Plumbing Permit I	<u>nformation</u>				
Description of Work		# Baths_	<u>2</u>	<del></del>	
Plumbing Contractor's Company Name					
^ ^	Telepho		1		
PO BOX 494 MAMERS, NC		07	674	ise #	
Address			Licen	ise #	
Signature of Officer(s) of Corporation					
Insulation Permit Information					
Truity Instation					
Insulation Contractor's Company Name & Address			<b>Telephor</b>	ne	

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?  yes no						
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 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.						
Signature of Owner/Contractor/Officer(s) of Corporation    10 - 23 - 09						
Signature of Owner/Contractor/Officer(s) of Corporation Date						
Signature of Owner/Contractor/Officer(s) of Corporation  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.						
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						

Plan Box Number H-2

MILTON ENTEPRISE

Job Name BEN WOODS

SUB DIV.

Date: 10-14-09

## Required Inspections for SFA/SFD

Appl. # 0850620557 Valuation # 130, 592 Sq. Feet 2010

## 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
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	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
	*