

\* 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 # 20635

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: SCOTT LEE HOMES, INC. Date: \_\_\_\_\_

Address: 168 Jacob Street Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGLIER LEFT ON TO 55HWY 42 THRU

FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT Right on Advice left on Jacobs

Subdivision: JONATHAN RIDGE Lot: 15

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: New Construction

**General Contractor Information**

Heated SF: 235 Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 2

SCOTT LEE HOMES, INC 919 553 2085  
Building Contractor's Company Name Telephone

PO BOX 748 CLAYTON, NC 27520 33181  
Address License #

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

**Electrical Permit Information**

Description of Work ELECTRICAL Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes () No ( ) Underground () Overhead ( )

Permanent Service: Underground () Overhead ( ) Service Size: 200 Amps

JEFF WILLIS ELECTRIC, INC. 919 550 4700  
Electrical Contractor's Company Name Telephone

5805 CORNWALLIS RD GARNER 27529 15644  
Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HEATING AND AIR HVAC

Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ \_\_\_\_\_

STEPHENSON HEATING & AIR, INC. 919 329 0686  
Mechanical Contractor's Company Name Telephone

343 SHIPWASH DR GARNER NC 27529 18644  
Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work PLUMBING

Number of Baths 2.5 Plumbing Cost \$ \_\_\_\_\_

C:C Select Plumbing 919 625-0163  
Plumbing Contractor's Company Name Telephone

421 Watkins Rd Clayton N.C 27520 25464  
Address License #

Signature of Officer(s) of Corporation

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

TriCity Insulation 1901 Herring Ave Wilson NC 27896 18008497204  
Insulation Contractor's Company Name & Address Telephone

**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: Scott Lee Homes, Inc.

Sign/Title: Joe J. Wall Assistant Secretary

Date: \_\_\_\_\_

Plan Box Number F-3

Job Name SCOTT LEE

Date: 7-30-08

**Required Inspections for SFA/SFD**

Appl. # 0856020635  
Valuation \$ 184,194 (184,194)  
Sq. Feet 2235  
~~2835 (2835)~~

**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