

* 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 # _____

Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: SCOTT LEE HOMES, INC. Date: _____

Address: 142 Jacob St. 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

Subdivision: JONATHAN RIDGE Lot: 16

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 166 Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories 1

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 1 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 Plumbing Cost \$ _____

CIC 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 1901Herring 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: Eric J. Wall Assistant Secretary

Date: _____

Plan Box Number F-3

Job Name SCOTT LEE Homes

Date: 7-30-08

Required Inspections for SFA/SFD

Appl. # 0850020636
Valuation \$145,341
Sq. Feet 2237

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 checked="" type="checkbox"/> | Four Trade Rough In |
| 40 | <input 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 checked="" type="checkbox"/> | Four Trade Final |
| 60 | <input 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 |