

3
* 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 20680

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

Owner's Name: George R. + Amanda W. Fink Date: 10-30-08
Site Address: 74 Great Dane Ln, Spring Lake Phone: 910-497-1848
Directions to job site from Lillington: take Hwy 210 south, turn Right on Bay Rd, go about
2.5 miles and turn left on Killdeer Ln. (dirt road) Killdeer turns into John Ryan Ln.
stay straight, bear right onto Great Dane, take first driveway on right

Subdivision: _____ Lot: _____

Description of Proposed Work: New house #Bedrooms: 3

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space ☒ Slab ()

General Contractor Information

As Owner _____ Telephone 910) 497-1848 / (919) 427-5538

Building Contractor's Company Name

74 Great Dane Ln, Spring Lake, NC 28390

Address Amanda W. Fink

N/A
License #

George R. Fink

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

As Owner

Electrical Contractor's Company Name

Telephone

Address

Amanda W. Fink George R. Fink Jr

License #

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____

As Owner

Mechanical Contractor's Company Name

Telephone

Address

Amanda W. Fink George R. Fink Jr

License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____

As Owner

Plumbing Contractor's Company Name

Telephone

Address

Amanda W. Fink George R. Fink Jr

License #

Signature of Officer(s) of Corporation

Insulation Permit Information

As Owner Amanda W. Fink George R. Fink Jr

Insulation Contractor's Company Name & Address

Telephone

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 any 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.

Amanda W. Sink
George R. Sink
Signature of Owner/Contractor/Officer(s) of Corporation

10-30-08
Date

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 carrying out the work.

Company or Name: George R. Sink

Sign w/Title: Amanda W. Sink Date: 10-30-08

Plan Box Number F-7

Job Name ROBERT FINK

Date: 8-6-08

Required Inspections for SFA/SFD

Appl. # 08500 20680

Valuation \$ 241,889

Sq. Feet 3723

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