* 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 # 08500 20735

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 Pe

Application for residential building ar	id Trades Permit
Owner's Name: <u>Steve Thomas</u>	Date: <u>8-26-08</u>
Site Address: Lawrence Rd. Broadway P	hone: 919-906-4069
Directions to job site from Lillington: 421 N. tuch re	ght on Holly Springs
Church BD. turn left on Hollies Pines B.	d. turn left on
Lawrence Rd. Joh site on Right.	
Subdivision:	Lot:
Description of Proposed Work: Sitz built Home	#Bedrooms: 4
Heated SF <u>2980</u> Unheated SF <u>394</u> Finished Rec Room? General Contractor Information	NO Crawl Space () Slab (
Thomas Properties LLC, 9/9-9 Building Contractor's Company Name Telephone	706~ 7067
PO Box 875 Bradway NC 27505	<u>59452</u>
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign 8	fill out second page
Electrical Permit Informat	<u>ion</u>
Description of Work New electric Service Size: 2	072 Amps TPole: €€9/no
Wester & Pace Electric 919- Electrical Contractor's Company Name Telephone	499 - 3946
546 les/12 Rd Sanford NC 27370	12007-U
Address	License #
William Wooder	
Signature of Officer(s) of Corporation	ome all a se
Mechanical/HVAC Permit Information of Work New HUAC System	mation
Villa Dot	10.754.81
Mechanical Contractor's Company Name Te	lephone
Yellow Dot Mechanical Contractor's Company Name 1203 New Horse Rol Raleigh NC 2761 C Address 1	610706
Address	License #
Signature of Signature of Samuel	
Signature of Officer(s) of Corporation Plumbing Permit Information	on
Description of Work New Construction	# Baths
Jamie Johnson Plumbins 9	710-814-0218
Plumbing Contractor's Company Name Tel	ephone
1490 Clark Rd Lillington NC 27546	21649
Address Old Otto Market Address	LIVOUK License #
Signature of Officer(s) of Corporation	WORK)
Insulation Permit Information	<u>on</u>
In - City Insulation	910-237-0457
Insulation Contractor's Company Name & Address	Telephone

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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		
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 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.		
Tolar 1/1003 8-26-08		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
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:		
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: 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:		
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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		

Application #	
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure:	
Owner (s) Telephone:	
Owner (s) Mailing Address:	······································
Construction or Site Address:	
Directions to Job:	
Subdivision:	Lot #:
I JAMIE Johns	have provided or will provide the
Plumbing	labor on this structure. I am the owner or hold a
	license, which entitles me to perform such work on
	rk shall comply with the State Building Code and all
other applicable State & local laws,	ordinances and regulations.
Owner (s) signature:	Date:
Contractor's signature:	John Date:
Contractor's Name: Tamie Address: ILOO Pla	Johnson Date:
County: Haractt	N.C. 17544
Contractor's License:	1649

Plan Box Number 3 - 2

Job Name THOMAS PROP

Date: 8-18-08

Required Inspections for SFA/SFD

Appl. # **O** \$ \$ 5020735 Valuation # 219, 215 Sq. Feet 3374

Sequence

10	D* Dide Feeting
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
	Four Trade Rough In
40	Four Trade Rough In> 2500
	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