

Sep. 3. 2008- 5:02PM

No. 5465

P. 2-

Harnett County Central Permitting
PO Box 65 Lenoir, NC 27546
Telephone Number 910-893-4769

Application for Building and Trade Permit

Owner's Name: JAMES JACKSON HOME BUILDER Date: 8-26-08
Address: 9022 WEST BROAD ST DUNN Phone: 919-820-5366
Directions to job site: 27 WEST 13 MILES FEOL TIMBER RD 2 M
TL T. WILK PLACE TR 1st HOUSE ON RIGHT

Subdivision: TIMBER PLACE Lot: 71

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

Description of Proposed Work:
Total Project Cost: 130,000.00

Building Permit Information

Heated SF 1820 Crawl Space () Building Construction Cost \$ 90,000.00
Unheated SF Slab () Acres Disturbed 0.35 Stories 2
Building Contractor's Company Name: JAMES JACKSON HOME BUILDERS Telephone: 910-892-6288
413 OAK VALLEY FARM RD COATS License #
Address: James R. Jackson
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work: New Electrical System Electrical Cost \$
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
Electrical Telephone: 910 990 3635
Electrical Contractor's Company Name: 21 Hawley Ridge Ln. Dunn NC. License #
Address: James R. Jackson
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work: INSTALL NEW SYSTEM Mechanical Cost \$ 4500.00
Number of Units: 2 Type System: H/P Telephone: 910-892-8827
CUSTOM HEAT & AIR License #
Mechanical Contractor's Company Name: 4508
Address: Charles
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work: New Plumbing Plumbing Cost \$
Number of Baths: 2 Telephone: 910 892 4591
Bradley Jerome Caudle License #
Plumbing Contractor's Company Name: P.O. Box 204 Dunn NC 28335
Address: Bradley Jerome Caudle
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name: Pictorial & Son Insulation Address: 309 PARK AVENUE CLINTON NC Telephone: 910-592-4861

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.

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.

James R. Jackson
Signature of Owner/Contractor/Officer(s) of Corporation

3-4-09
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: JAMES JACKSON HOME BUILDERS

Sign w/Title: James R. Jackson owner Date: 3-4-09