

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 20919
Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
7/8/09
DATE

Application for Residential Building and Trades Permit

Owner's Name: FAMILY HOME CONSTRUCTION INC Date: 6/29/09

Site Address: JAYLIN OAKS SUBDIVISION Phone: 910-321-1002

Directions to job site from Lillington: HWY 210 TO RAY RD TO CREEKSVILLE
CIT. RD

Subdivision: JAYLIN OAKS Lot: 4

Description of Proposed Work: NEW RES. CONST. #Bedrooms: 3

Heated SF 1579 Unheated SF 801 Finished Rec Room? NO Crawl Space () Slab (X)

General Contractor Information

FAMILY HOME CONSTRUCTION INC 910-321-1002 - / 797-6558
Building Contractor's Company Name Telephone

2521 RAYFORD RD FAYETTEVILLE NC 28314 67949
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work NEW CONST Service Size: 200 Amps TPole: yes/no

ADVANCED ELECTRICAL SOLUTIONS 910-321-1002 / 797-6558 723-3293
Electrical Contractor's Company Name Telephone

5750-5 IVANHOE CT FAYETTEVILLE NC 28314 26627 SP-5FD
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work NEW CONST

CERTIFIED HEATING & AIR 910-858-0000
Mechanical Contractor's Company Name Telephone

PO BOX 1071 HOPE MILLS NC 28314 20012 43C1
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW CONST # Baths 2

CHRIS HOLLOWAY PLUMBING INC 910-624-2670
Plumbing Contractor's Company Name Telephone

1112 HOPE MILLS RD FAYETTEVILLE NC 28304 28541
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

BLOWN RITE PO BOX 450 FAYETTEVILLE NC 28302 483-8191
Insulation Contractor's Company Name & Address Telephone

JUL X 8 2009

SEE ATTACHMENTS

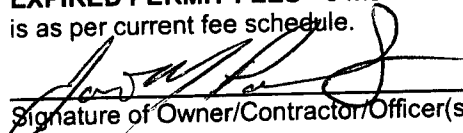
Homeowners Applying to Build Their Own Home

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.


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

6/29/09
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.

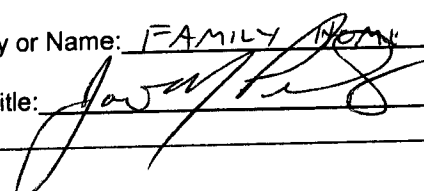
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: FAMILY HOME CONSTRUCTION INC

Sign w/Title:  Date: 6/29/09



CHANGE OF
CONTRACTOR

To Whom It May Concern:

Re: Lot 4 Jaylin Oaks Spring Lake NC

Please release Advanced Electrical Solutions LLC from application # 08-50020919 and replace them with Glemaker Electric LLC (13202-U).

Thank You for your Anticipated Cooperation.

V/r

Jose Pomales

2653 Hope Mills Rd. Ste 9
Fayetteville, North Carolina 28306
Office 910.321.1002 Fax 910.321.1003

Application # 08-50020919

JUN 28 ENTD

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SCANNED
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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Family Home Construction Phone: 910-321-1002

Owner (s) Mailing Address: 2653 Hope Mills Rd Ste. 9
Fayetteville, NC 28306

Land Owner Name (s): Family Home Construction Phone: 910-321-1002

Construction or Site Address: lot #4 Jaylin Oaks

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done _____

- Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping
- Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
* For Progress Energy customers we need the premise number
- Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Daniel A. Humber will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 13202-U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: Glemaker Electric LLC Phone: 910-425-4915

Address: 5755 Crenshaw Dr. Hope Mills, NC County: Cumberland

Contractor's License #: 13202-U Email Address: glemaker1@embarymail.com

Contractor's Signature: Daniel A. Humber Date: 6/23/10

*Company name, address, & phone must match information on license.

