

7/12/10
DATE

Application # 08-500-20920

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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: Family Home Construction Date: June 14, 2010

Site Address: Lot 5 Jaylin Oaks Phone: _____

Directions to job site from Lillington: South on Hwy 210, Right On Ray Rd Left on Creeksville Church Rd. Subdivision on Left. Lot 5 is second lot from end on right side of entry road.

Subdivision: Jaylin Oaks Lot: _____

Description of Proposed Work: New Construction # of Bedrooms: 3

Heated SF: 1941 Unheated SF: 773 Finished Bonus Room? Crawl Space: Slab: _____

General Contractor Information

Family Home Construction
Building Contractor's Company Name

910.321.1011
Telephone

2653 Hope Mills Rd. Fayetteville NC 28306
Address

berattbr@nc.rr.com
Email Address

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

67949
License #

Electrical Contractor Information

Description of Work: New Construction Service Size: _____ Amps T-Pole: Yes No

Glemaker Electric
Electrical Contractor's Company Name

910.425.4915
Telephone

5755 Crenshaw Dr. Hope Mills NC 28348
Address

Glemaker1@aembargemail.com
Email Address

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

13202-U
License #

Mechanical/HVAC Contractor Information

Description of Work: HVAC w/ duct work

Stephenson HVAC
Mechanical Contractor's Company Name

919.329.0686
Telephone

343 Shipwash Dr. Garner NC 27529
Address

StephensonHVAC@aol.com
Email Address

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

18644
License #

Plumbing Contractor Information

Description of Work: New Construction # Baths: 2

Chris Holloway Plumbing
Plumbing Contractor's Company Name

910.624.2670
Telephone

112 Hope Mills Rd. Fayetteville NC 28304
Address

N/A
Email Address

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

28541
License #

Insulation Contractor Information

Insulating Inc.
Insulation Contractor's Company Name & Address

919.776.4138
Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

JUL 12 2010

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

June 14, 2010
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

Sign w/Title: [Signature] President Date: June 14, 2010