

SCANNED
4/14/10
DATE

Application # 08 500 20921

* 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.

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: 4/12/10
Site Address: LOT 6 JAYLIN OAKS Phone: 910-797-6558
Directions to job site from Lillington: _____

Subdivision: JAYLIN OAKS Lot: #6 JAYLIN OAKS
Description of Proposed Work: NEW RESIDENTIAL CONSTR. #Bedrooms: 3
Heated SF 1968 Unheated SF 786 Finished Rec Room? Y Crawl Space Slab ()

General Contractor Information

FAMILY HOME CONSTRUCTION 910-321-1011
Building Contractor's Company Name Telephone
2521 RAYFORD RD FAYETTEVILLE NC 28305 67949
Address License #

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

Electrical Permit Information

Description of Work NEW RESIDENTIAL Service Size: 200 Amps TPole: yes/no
RIELE ELECTRIC 910-580-4382
Electrical Contractor's Company Name Telephone
P.O. Box 25061 FAYETTEVILLE, NC 28314 SFO 27777
Address License #

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work NEW RESIDENTIAL
STEPHENSON HEATING & AIR INC 919-329-0686
Mechanical Contractor's Company Name Telephone
349 SHIPWASH DR WARRIOR 27529 18644
Address License #

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work NEW RESIDENTIAL # Baths 2
CHRIS HOLLOWAY PLUMBING INC 910-624-2670
Plumbing Contractor's Company Name Telephone
1112 HOPKINS RD 28541
Address License #

Signature of Officer(s) of Corporation _____

Insulation Permit Information

INSULATING INC 1827 VEFFERDA DAVIS HWY SANFORD NC 27330 919-776-4138
Insulation Contractor's Company Name & Address Telephone

APR 14 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.

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

Apr 16, 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: *Jerry Powell* Date: 4/16/10