

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

Application # 0850080925

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: Aug 24, 2010

Site Address: 55 Jaylin Blvd, Spring Lake, NC Phone: 910-321-1011

Directions to job site from Lillington: Hwy 210 south, Right on Ray Rd, Left on Creeksville Church Rd, Subdivision on left. 3rd lot on the left

Subdivision: Jaylin Oaks Lot: 10

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

Heated SF: 1576 Unheated SF: 801 Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

Family Home Construction

910-321-1011

Building Contractor's Company Name

Telephone

2653 Hope Mills Rd, Suite 9, Fayetteville, NC 28306

joerealtor@nc.rr.com

Address

Email Address

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

67949

License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No

Riele Electric

910-580-4382

Electrical Contractor's Company Name

Telephone

P.O. Box 25061, Fayetteville, NC 28314

NA

Address

Email Address

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

27777

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC w/ duct work

Jones and Jones HVAC

910-424-7702

Mechanical Contractor's Company Name

Telephone

5217 Marracco Dr, Hope Mills, NC 28348

na

Address

Email Address

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

2984-H2/3C1-11614

License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2

Chris Holloway Plumbing

910-624-2670

Plumbing Contractor's Company Name

Telephone

1112 Hope Mills Rd, Fayetteville, NC 28304

na

Address

Email Address

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

28541

License #

Insulation Contractor Information

Insulation Inc

919-776-4138

Insulation Contractor's Company Name & Address

Telephone

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

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

Aug 28, 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: Joe Paul President

Date: Aug 24, 2010

Charging From
Riele Electric
TO
Glemaker Electric

Application # 08-50020925
0850020931

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PO Box 65 Lillington, NC 27546
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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: 2453 Hope Mills Rd
Fayetteville, NC 28306

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 55 Jaylin Blvd.

PIN or Parcel # from GIS: 0513-46-3759-000 4123

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: Jaylin Oaks Lot #: 10

I Danny Glemaker will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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: 9-27-10

Company Name: Glemaker Electric Phone: 425-4915

Address: 5755 Crenshaw Dr. Harnett County: Cumberland

Contractor's License #: 132024 Email Address: _____

Contractor's Signature: Daniel Glemaker Date: 9-28-10

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



CENTURY 21 Family Realty
2653 Hope Mills Road Suite 9
Fayetteville, NC 28306
Office 910.321.1002
Fax 910.321.1003



Fax

To: NANCY From: Steve
Fax: 910 893-2793 Pages: 2 including cover
Re: _____ Date: 9-28-10

We are changing electrical
contractors from Riele Electric
to Glemaker Electric.

*Steve
Shull*