

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 # 08-500-209270  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
1/4/10 3/30/10  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: C & J DEVELOPMENT Date: 12/31/09  
Site Address: LOT 13 JAYLIN OAKS Phone: 910-797-6558  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: JAYLIN OAKS Lot: 13  
Description of Proposed Work: NEW RESIDENTIAL CONST. #Bedrooms: 3  
Heated SF 1800 Unheated SF 2599 Finished Rec Room? Y Crawl Space ( ) Slab (X)

**General Contractor Information**

FAMILY HOME CONSTRUCTION INC 910-321-1003  
Building Contractor's Company Name Telephone  
2521 RAIFORD 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 CONST. Service Size: 200 Amps TPole: yes/no  
Advanced electrical solutions 910-723-3293  
Electrical Contractor's Company Name Telephone

3750-5 Juniper Ct. Fay NC 28314 26627-59570  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical/HVAC Permit Information**

Description of Work RESIDENTIAL HVAC INSTALLATION  
STEPHENSON HEATING & AIR INC 919-329 0686  
Mechanical Contractor's Company Name Telephone

343 SHIPLEASH DR CARRBORO NC 27529 18644  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work RESIDENTIAL PLUMBING # Baths 2  
Chris Holloway Plumbing Co Inc. 910-624-2670  
Plumbing Contractor's Company Name Telephone

1112 Hope Mills Rd Fay NC 28304 28541  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

INSULATING INC 1212 HOME CT RALPHAH NC 919  
Insulation Contractor's Company Name & Address Telephone 772  
7000

JAN 04 ENTD

SEE ATTACHED

### 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

Date

12/31/09

### 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:

12/31/09

**Richard Del Conte**

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**From:** Mark Muller [faybuild1@yahoo.com]

**Sent:** Monday, March 29, 2010 3:41 PM

**To:** Richard Del Conte

**Subject:** 08-50020927

Richard,

On lot # 13 Jaylin Oaks. App. # 08-50020927

We want to change electricians. The new electrician will be Glemaker Electric. 5755 Crenshaw Dr. Hope Mills NC 28348

License # 13202 U .

910-425-4915

If there is any additional info you need please let me know. My cell is 910 797 6558, or via this email address.

Thanks as usual.

Sincerely,

Mark Muller - for Family Home Construction

SEE ATTACHED TRADE APPLICATION

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793

www.harnett.org/permits

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: 2521 Raeford Rd  
Fayetteville, NC 28305

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

Construction or Site Address: lot # 13 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 Lennie Stamba will provide the electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 132024, 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: Lennie Stamba Date: 3/30/10

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

Address: 5755 Cranston Dr. Hop Mills, NC 27548 County: Cumberland

Contractor's License #: 13202-4 Email Address: glemaker1@earthlink.net

Contractor's Signature: Lennie Stamba Date: 3/30/10

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

MAR 31 2010