\* 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**

12-23-10

Owner's Name: Family Home Construction Inc.	Date:
Site Address: 20 Jaylin Oaks Dr. Spring Lake NC 28390	Phone: 9103211002
Directions to job site from Lillington: Hwy 210 S., Right on Ray Rd. Left on Churchville Creeks Rd, Left on to Jaylin I	
Lauffer Code	
Subdivision: Jaylin Oaks	Lot: <u>14</u>
Description of Proposed Work: New Home Construction	# of Bedrooms: 3
Heated SF: 1868 Unheated SF: 927 Finished Bonus Re	oom? <b>✓</b> Crawl Space: <b>✓</b> _ Slab:
General Contractor Info	
Family Home Construction Inc	910.321.1002
Building Contractor's Company Name	Telephone
2653 Hope Mills Rd Ste 9 Fayetteville NC 28306	JoeRealtor@nc.rr.com
Address	Email Address
Share	67949
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Inf	License #
	ce Size: <u>200</u> Amps T-Pole: ✓ YesNo
Glemaker Electric LLC	910.425.4915
Electrical Contractor's Company Name	Telephone
5755 Crenshaw Dr. Hope Mills NC 28348	N/A
Address	Email Address
1 annu Clemaker	13202-U
Signature of Owner Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor	or Information
Description of Work HVAC w/duct work	
Jones & Jones Heating & Air	910.424.7702
Mechanical Contractor's Company Name	Telephone
5217 Marracco Dr. Hope Mills NC 28348	N/A
Address	Email Address
	H 2 & #11614 class 1
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Inf	License # formation
Description of Work New Construction	
Chris Holloway Plumbing	# Baths 2 910.624.2670
Plumbing Contractor's Company Name	Telephone
73/ Old NC 20 St Pauls/NC 28384	N/A
Address	Email Address
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28541
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Inf	
Insulating Inc PO Box 2741 Sanford NC 27330	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)		
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 Yes No No 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 <a href="mailto:any">any</a> 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.  12-22-10  Signature of Owner/Contractor/Officer(s) of Corporation		
Signature of Owner/Contractor/Officer(s) of Corporation  Date  Affidavit for Worker's Compensation N.C.G.S. 87-14		
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:		
Signature of Owner/Contractor/Officer(s) of Corporation  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		
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:		
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		
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		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:		
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		

Job Name Jaylon Oaks

Date: 12-28-10

Required Inspections for SFA/SFD

Appl. # # 208 506 269 28
Valuation # 172 434
Sq. Feet 2 654

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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