

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

Application # 08-500-20929

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

12-23-10

Application for Residential Building and Trades Permit

DEC 23 2010

Owner's Name: Family Home Construction Inc. Date: 11/9/10

Site Address: 38 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 Bk

Subdivision: Jaylin Oaks Lot: 15

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

Heated SF: 2048 Unheated SF: 963 Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

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
Steve Sherill 67949
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

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

Glemaker Electric LLC 910.425.4915
Electrical Contractor's Company Name Telephone
5755 Crenshaw Dr. Hope Mills NC 28348 N/A
Address Email Address
Danny Glemaker 13202-U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work HVAC w/duct work
Jones & Jones Heating & Air 910.424.7702
Mechanical Contractor's Company Name Telephone
5217 Marrasso Dr., Hope Mills NC 28348 N/A
Address Email Address
[Signature] H 2 & #11614 class 1
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2
Chris Holloway Plumbing 910.624.2670
Plumbing Contractor's Company Name Telephone
737 Old NC 20 St Pauls NC 28384 N/A
Address Email Address
[Signature] 28541
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

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)

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.

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

12-23-10
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 Inc

Sign w/Title: [Signature] Date: 11/9/10