* 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 # 08-500-2073 Z

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 CONSTRUCT	Date: 3/19/10	
Site Address:	Phone:	
Directions to job site from Lillington:	,	
Subdivision: <u>UAYLIN</u> <u>UAX5</u>	Lot: 17	
Description of Proposed Work:	#Bedrooms:	
Heated SF 2048 Unheated SF 892 Finished Figure 1	Rec Room? Crawl Space (*) Slab ()	
	• • • • • • • • • • • • • • • • • • • •	
FAMILY HUMI: CONSTRUCTION Building Contractor's Company Name	Telephone	
2521 RAFFORD FAYETT		
Address		
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page	
/ Electrical Perr	nit Information	
Description of Work New RESIDINTAL Service	e Size: 200 Amps TPole (yes/no	
Electrical Contractor's Company Name	910-286-6575	
Electrical Contractor's Company Name	Telephone	
3755 CREUSHAL DR HOPEMILLS	<u>NC 73347</u>	
Signature of Officer(s) of Corporation		
	rmit Information	
Description of Work NEW RESIDENTIAL		
STEPHENSON HEATING & AIR Mechanical Contractor's Company Name 343 441 PMASH DR CARNER 37	919-422-2956	
Mechanical Contractor's Company Name	Telephone	
15/3 9/1/ PHANH DIL CANNON 3/	17644	
Address	License #	
somy Aligheman		
Signature of Officer(s) of Corporation	nit Information	
Description of Work NEW RESIDENTIAL	# Baths	
CHRIS HOLLOWAY RUMBING CO. INC.	910-624-2690	
Plumbing Contractor's Company Name	Telephone	
11/2 MILLS RD, FAYITTIVILLE, Address	127304 23541 P2 License #	
1 km is got All enous	License "	
Signature of Officer(s) of Corporation		
Insulation Permit Information		
INSULATING INC. 1827 UCFFERSON DAVIS H	WY GANFURD NC 27330 919-776-4138	
Insulation Contractor's Company Name & Address	Telephone	

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?yesno		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
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?		
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?		
yesno		
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. Manch 18, 2010		
Signature of Owner/Contractor/Officer(s) of Corporation 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.		
X 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: 1-AMILY HOLD CONSTRUCTION		
Sign w/Title: Date: March 18, 30/0		

4000

CRAWI.

Plan Box	Number	1	> `	2

Job Name Taylon Oak 5

Date: 3-19-10

Required Inspections for SFA/SFD

Appl. #8-50020932 Valuation 191016 Sq. Feet 2940

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