* 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 ticense. Application # 0 8 5 00 2 11 02

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

Application for Residential Building and Trades Permit

| Owner's Name: Account for | 4 64 10 51 | Date: 11-23-68 |
|---|--|--------------------------|
| Site Address: 5 " men Hill So. | B DILLIT Phon | 0: 510-584-6765 |
| Directions to job site from Lillington: | | |
| Tipo samme polit To | | |
| | <u></u> | + |
| Subdivision: Sermon Hell | | Lot: 26 |
| Description of Proposed Work: | Louse | #Bedrooms: |
| Heated SF 1613 Unheated SF 505 F | inished Rec Room? V | Crawl Space () Slab () |
| | Contractor Informátio | |
| Building Contractor's Company Name | 516 88 | 4-6765 |
| Building Contractor's Company Name | Telephone | |
| 630 british he Lilling To | , xc/010 | 14856 License # |
| Address | | Eloonido # |
| Signature of Owner/Contractor/Officer(s) of Co | | out second page |
| | • | - - |
| Photographic and Address. | al Permit Information Electrical Co | est \$ |
| TS Pole: Yes (+ No () Underground (+ | Overheard () | |
| Permanent Service: Underground () Over | head () Service Size | 200 Amps |
| TM POPE FICE Electrical Contractor's Company Name | Telephone | 50 2655 |
| 3483 Cameron Prive | 2 / | 326 |
| Address | License # | |
| Signature of Officer(s) of Corporation | ********* | |
| panetale of Office (5) of Corporation | | |
| Mechani | cal Permit Information | |
| Description of Work Type System |) Med | thanical Cost \$ |
| Jones & Jones | 5/1 | 424- 7702 |
| Mechanical Contractor's Company Name | Telephone | |
| Address / 1. | <i>C ≱83¥8 <u>→ → 2 ♂</u></i> License # | 1 // 6/4 |
| Calter James | License # | |
| Signature of Officer(s) of Corporation | | |
| Plumbie | ng Permit Information | |
| Description of Work | ig i time information | |
| Number of Baths | Plumbing Co | st \$ |
| Plumbing Contractor's Company Name | | 25 -2441 |
| 318 Donn A ST. ST. Facts | Telephone P/- | -26497 |
| Address | License # | |
| Signature of Officer(s) of Corneration | | |
| Signature of Officer(s) of Corporation | | |
| Insulation Permit Information | | |
| Residential (Y Other () Not Required () | | |
| Insulation Contractor's Company Name | Address | Telephone |
| · <i>,</i> | Page 1 of 3 | 12/04 |

| 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 | | | |
| Have you hired or intend to hire an individual to superintend and manage construction of the project? | | | |
| 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? | | | |
| 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? | | | |
| 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 Gounty 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. Signature of Owner/Contractor/Officer(s) of Corporation Date | | | |
| ignature of the control of the contr | | | |
| 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 | | | |
| 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 | | | |
| 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: | | | |
| 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: | | | |

Plan Box Number ____

Job Name KENNETH

Date: 10-27-08

Required Inspections for SFA/SFD

Appl. # # 085002|102 Valuation # 137,869 Sq. Feet 2|22

Sequence

| 10 | R* Bldg. Footing |
|---------------------------------------|----------------------------|
| 10-30 | R* Elec. Temp Service Pol |
| 20 | R* Building Foundation |
| 20 | Address Confirmation |
| 30-999 | Open Floor |
| 30-999 | R* Bldg. Slab Insp. |
| 3 0-999 | R* Elec. Under Slab |
| 30-999 | R*Plumb. Under Slab |
| 40 | Four Trade Rough In |
| 40 | Four Trade Rough In> 2500 |
| 10 | These Trade Rough In |
| 40 | Three Trade Rough In> 2500 |
| 40 | Two Trade Rough In |
| 40 | Two Trade Rough In 2400 |
| 40 | Two Trade Rough In> 2500 |
| 40 | One Trade Rough In |
| 50 | One Trade Rough In > 2500 |
| 60 | R* Insulation |
| 50 | Four Trade Final |
| 60 | Four Trade Final > 2500 |
| 60 | Three Trade Final |
| 60 | Three Trade Final > 2500 |
| 60 | Two Trade Final |
| · · · · · · · · · · · · · · · · · · · | Two Trade Final > 2500 |
| 60 | One Trade Final |
| 60 | One Trade Final > 2500 |
| 999 | Envir. Operations Permit |
| | |