* 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

Application # 08 500 2/269

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

Application for Residential Building and Trades Permit		
Owner's Name: James Robertson Date: 11-17-08		
Site Address: Lst 9 DL Phillips LN Phone: 919 499 0331		
Directions to job site from Lillington: 27 W To Tingen Rd gokeft onto Tingen go 3 miles to DL Phillipshu Lot on		
onto Tingen go 3 miles to DL Phillipsho Lot on		
Left /4 Mile		
Subdivision: James Robertson Sub. Lot: 9		
Description of Proposed Work: Mew Home #Bedrooms: 3		
Heated SF/9/4 Unheated SF Finished Rec Room? Crawl Space (/Slab () General Contractor Information		
Western Const Co. Fuc. 919 499 3946 Building Contractor's Company Name Telephone		
Building Contractor's Company Name Telephone		
6/4 Lestie Rel Santored N.C. 27332 59595 Address License #		
Chillie Chile Must sign & fill out second page		
Signature of Owner/Contractor/Officer(s) of Corporation		
Description of Work Wew Home Service Size: 300 Amps TPole: yes/no		
Electrical Contractor's Company Name 919-4993946 Telephone		
Address License #		
1 July Ville		
Signature of Officer(s) of Corporation		
Mechanical Permit Information		
Description of Work Heat Phaif		
Mechanical Contractor's Company Name Tock > 0 N 5 HT 6 2 A / C Truc 9/0 - 89/ - 54/0 Telephone		
Address P.O Box 82 Bansen, N.C 27504 License #		
2. Divid Carlo		
Signature of Officer(s) of Corporation		
Description of Work Plumbing Permit Information # Baths		
1 - 4 torch M Plumbum 910-624-5794		
Plumbing Contractor's Company Name Telephone		
5056 FlizaheThoun 8657 7269		
Address License #		
frith touth		
Signature of Officer(s) of Corporation Insulation Permit Information		
Transation Tra 1827 Tefferson Davis Hum 919-776-4138		
Insulation Contractor's Company Name & Address Felephone		

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
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 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. Color Date 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.

Page 2 of 2

Company or Name:

Sign w/Title

Plan Box Number A - 4

Job Name <u>WESTER</u>

Date: 11-18-08

Required Inspections for SFA/SFD

Sq. Feet 2490

Sequence

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