whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

\*

Application for Residential Building and Trades Permit
Owner's Name: Hth Constructors, Inc. Date: 10.07.09
Site Address: 65 Ancient Oak Ct. Phone:
Directions to job site from Lillington: Hwy 27 W to Nursery Rd (SR 1/17)
Left on Nursery Road; Veft on Lemuel Black Ad (SR 1/25)
left on Valley Oak Dr. into Torest Daks SD.
Subdivision: Forest Oaks Lot: 194
Description of Proposed Work: New Single Family Dwelling #Bedrooms: 3
Heated SF
General Contractor Information
Ht H COnstructors, Inc. 910.486.4864
Building Contractor's Company Name Telephone
2919 Breezewood Ave. Ste 400 31554-U
Address License #  License #  Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corpgration  Must sign & fill out second page
Electrical Permit Information
Description of Work Electrical Cost \$
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size:Amps
T & N Electric Corp.  Electrical Contractor's Company Name  910.497-5000  Telephone
Mail Entel & Tongan
4341 Swindon Dr., Fay, NC 28312 28098 Juliannes
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Number of Units Type System Mechanical Cost \$ [avolina Comfort Air Inc. 528 w Market St. Smith Reld, NC 27517]
Mechanical Contractor's Company Name
H-3-I 919.934.1060
Signature of Officer(s) of Corporation License # Telephone
a
Plumbing Permit Information
Description of Work Number of Baths Plumbing Cost \$
VANCE JOHNSON PLUMBING 3242 MID PINE DR., FAYETTEVILLE, NC 28306
Plumbing Contractor's Company Name Address
<u>uullian ff 70 7756 Pi</u> 910-424-6712
Signature of Officer(s) of Cosporation License # Telephone

Insulation Permit Information Residential () Other () Not Required () Insulation Contractor's Company Name & Address

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 <u>any</u> 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 a per current fee schedule.  DODO Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner 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! Htt Constructors, Inc.  Sign w/Title: Will Constructors, Inc.  Date: 10-07-09
Sign w/Title: Karu & Wulla / Permitting Date: 10-07-09

CRAW/
Plan Box Number AA8

Job Name Focest Cals

Date: \_/8-9-09

Required Inspections for SFA/SFD

Appl. # 08-500 21356 Valuation 142937 Sq. Feet 2708

## Sequence

10	R* Bldg. Footing
10-30	
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
	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	<del> </del>
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit