

* 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 # 0950021418
Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: JEFF + BARBARA SALTER Date: _____

Site Address: 200 Donna Lynn Ln Phone: 919-498-1010

Directions to job site from Lillington: Hwy 21 to 24/27 Turn (R) onto 24/27 then make 1st (L) onto Heumon grave, circle to Y intersection take middle rd "Flora Matherson rd". 1/4 of mile on left

Subdivision: _____ Lot: _____

Description of Proposed Work: Log home / Basement #Bedrooms: 2

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab

General Contractor Information

JEFF SALTER 919-498-1010
Building Contractor's Company Name Telephone

200 Donna Lynn Ln Cameron, NC Home Owner
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Electrical Service Size: _____ Amps TPole: yes/no

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Install HVAC and Duct work

Affordable HVAC 919-498-2791
Mechanical Contractor's Company Name Telephone

7629 Sheriff Vats Road Sanford, NC 20046
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing + Septic # Baths 3

Precision Septic Systems 919-669-2073
Plumbing Contractor's Company Name Telephone

554 Homestead Ln Angier NC 11687 / 15416
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Home Depot
Insulation Contractor's Company Name & Address Telephone

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or licensed contractor. Address, company
name & phone must match information on
license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910.429.7525 Fax 910.585.2759 www.harnett.org/permits
Application for Residential Building and Trades Permit

Owner's Name: _____
Site Address: _____ Phone: _____
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()
General Contractor Information

Building Contractor's Company Name _____ Telephone _____ License # _____
Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Description of Work New House **Electrical Permit Information**
Electrical Contractor's Company Name Leelee Electric Service Size _____ Amps _____
Address P.O. Box 84, Fay, N.C. 28302 Telephone 148387 License # _____
Signature of Officer(s) of Corporation Sam Pollock **Mechanical/HVAC Permit Information**

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Plumbing Permit Information
Description of Work Remodel # Baths 3
Plumbing Contractor's Company Name Timothy Tyndall Telephone 910-531-3056
Address 11429 Hwy 210 South Robboro NC 28382 License # _____
Signature of Officer(s) of Corporation Timothy Tyndall **Insulation Permit Information**
Insulation Contractor's Company Name & Address _____ Telephone _____

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.

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.
_____ Has one (1) or more subcontractor(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: _____ Date: _____
Sign w/Title: _____

Homeowners Applying to Build Their Own Home

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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

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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.

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:

Sign w/Title:

Date:

Basement

Plan Box Number 05

Job Name Salter

Date: 3-9-07

Required Inspections for SFA/SFD

Appl. # 095002148
Valuation 144042
Sq. Feet 2217

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

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

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

Application for Residential Building and Trades Permit

Owner's Name Salter, Jeffrey & Katherine Date 09.30.14
 Site Address 200 Donna Lynn Lane, Cameron, NC 28326 Phone 910-864-0247
 Directions to job site from Lillington Hwy 27 W, L on Hillmon Grove Rd., stay on
Flynn McPherson Rd, R onto Donna Lynn Lane.

Subdivision Doyle L Wicker, JR MAP 2003-271 Lot 3
 Description of Proposed Work New SFD # of Bedrooms 3
 Heated SF 1835 Unheated SF 730 Finished Bonus Room? NO Crawl Space Slab X

General Contractor Information

Showcase Construction Co. 910-864-0247
 Building Contractor's Company Name Telephone
5506 Yadkin Rd, Fayetteville, NC 28303 scott@showcasenc.com
 Address Email Address
41883
 License #

Electrical Contractor Information

Description of Work New SFD Service Size 200 Amps T-Pole X Yes No
Allman Electric Corp. Inc. 910-485-8617
 Electrical Contractor's Company Name Telephone
345 Wilkes Rd, Fayetteville, NC 28306 rick.stephens@allmanelectric.com
 Address Email Address
6136-U
 License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
 Total Systems Heating & Cooling 910-4369-3450
 Mechanical Contractor's Company Name Telephone
13341 Hwy. 210 South, Spring Lake, NC 28390 service@totalsystemsnc.com
 Address Email Address
28846
 License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2
Bill Hallock Plumbing 910-858-4139
 Plumbing Contractor's Company Name Telephone
1136 Green Street, Parkton, NC 28371 hallockplumbing@embarqmail.com
 Address Email Address
24037
 License #

Insulation Contractor Information

Healthy Homes Insulation 919-418-0307
 Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

Michael J. Etowski *President* 09.30.14
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

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 Showcase Construction Co. Michael J. Etowski

Sign w/Title *Michael J. Etowski* Pres. Date 09.30.14

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 205797

Filed on: 10/21/2014

Initially filed by: Showcase42

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com <http://www.licnc.com>

Address: 19 W. Hargett St., Suite 507 / Raleigh,
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com info@licnc.com

Project Property

9563-17-1689.000 LOT 3 Doyle L Wicker Jr Map
#2003-271
200 Donna Lynn Lane
Cameron, NC 28326
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

10/20/2014

Owner Information

Katherine Salter
200 Donna Lynn Lane
Cameron, NC 28326
United States

Email: khauryville@hughes.net
Phone: 910-864-0247

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to
view this filing. You can then file a Notice
to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

SHOWCASE CONSTRUCTION CO.

P.O. Box 11104 - 5506 Yadkin Road
Fayetteville, NC 28303
Ph: (910) 864-0247 Fax: (910) 868-1586

*Cancelled
8.31.15*

Harnett County Permitting
P.O. Box 65
Lillington, NC 27546

Reference:
Permit#: 09-500-21418
200 Donna Lynn Lane
Cameron, NC 28326

To whom this may concern,

This letter is to request a vendor change to the permit referenced above. Please change the plumbing contractor information from Bill Hallock Plumbing to reflect Avery's Plumbing.

Description of Work: New SFD #of Baths: 3&1/2 bath

Avery's Plumbing Telephone #: 252-943-4833

Plumbing Contractor's Company Name

3221- B Plainview Church Road, Angier, NC 27501 Email Address: N/A

Address

14990

License #

Thank you,

Krystal Arnold
Showcase Construction
Phone: 910-864-0247
Fax: 910-868-1586