\* 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 #

**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: K Site Address: Directions to job site from Lillington: Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive. 2nd Right on Tiger Tank Ct. Subdivision: Description of Proposed Work: #Bedrooms:\_\_ Heated SF 1270 Unheated SF 540 Finished Rec Room? NO Crawl Space () Slab General Contractor Information **Building Contractor's Company Name** Telephone Laxeldevill Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work \_ Electrica Service Size: 200 Amps TPole yes/no Sandu Ridge Electeric (910<u>) 323</u>-2458 Electrical Contractor's Company Name Telephone 454 Whitehead exettevilleNC 28312 Address Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work (910) Mechanical Contractor's Company Name Telephone 5217-1 Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumbing Contractor's Company Name Telephone PINE OF FAV Address Signature of Officer(s) of Corporation **Insulation Permit Information** 418 Person St. Fayetterille NC (910) 486-8855-Name & Address 2030; Telephone TRICity Insulation Insulation Contractor's Company Name & Address

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Application	##	
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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			
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?			
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 <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.			
Signature of Owner/Contractor/Officer(s) of Corporation  2/9/09  Date			
at the Yang and a stable of the sufficient and the sufficient to t			
Signature of Owner/Contractor/Officer(s) of Corporation			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General Contractor Owner X 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			
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Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General Contractor Owner X 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			
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Plan Box Number (

Job Name Bill Clark

Date: 1-27-69

Required Inspections for SFA/SFD

Appl. # 09-5002|50 Valuation | 176948 Sq. Feet 1800

## Sequence

10	
<b></b>	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
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40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
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50	Four Trade Final
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	Three Trade Final
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60	Two Trade Final
60	Two Trade Final > 2500
50	One Trade Final
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