\* 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 #

21519

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org Application for Building and Trade Permit

Owner's Name: Jeff + Diane Bier	Date: 2-3-09
Address: 3537 Bud Hawking Load	Phone: 407-276-6079
Directions to job site from Lillington:	t este old 3015. Continue
out of town pass Alphin Blos and Bud Hawkins Road about 3,	miles. Then left & house on cush side.
Subdivision: Larry baduin Minor	Lot: _ 3
Construction Type:       (Please Check)       Building Use:       (Please Check)         ✓ New       Moved House       ✓ Residential         Renovation       Addition       Other       Modular	Check) Commercial
Total Project Cost:Description of Proposed Work:	
General Contractor Information	
Heated SFCrawl Space () Building Construction C Unheated SFSlab () Acres Disturbed	ost \$
Sunday Harry Building Tree	
Signature Home Builders Inc 910 892 9299  Building Contractor's Company No.	
Building Contractor's Company Name Telephone  509 W. Broad St Dunn NC 28334	
Address	<i>49431</i>
	License #
When y Or	er
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of	form & workers comp
Electrical Permit Information	
TS Pole: Yes () No () Underground () Overheard ()	<u> </u>
Permanent Service: Underground () Overhead () Service Size:	2.00
- 1 11 41 - 1 (1 · · · · · · · · · · · · · · · · ·	Amps Amps
Flactrical Contractor's Compone Name	
Electrical Contractor's Company Name  Po Box 427  Address  Address	
Address 100 28339	<u> 22907-U</u>
About L	License #
Mily Thin	
Signature of Officer(s) of Corporation	
Description of Work Resident a New HVAC	
Number of Units Type System Machan	nical Cost \$
a second traction of Condition The Medical	
Mechanical Contractor's Company Name (910) 892 - Telephone	517/
201 Denim Drive Evwin, NC 28339	
Address / Addres	03136 H-1,H-2,H-3
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	License #
Morado Municip	
Signature of Officer(s) of Corporation	
Description of Work Residential - New Plumbing Permit Information	
Number of Baths 3 Plumbing Cost \$	(-500
P Flower Physica to Que on	4 002 /
Plumbing Contractor's Company Name Telephone	0-00-0
	·//
P.O. BOX 764 BENSON, W.C. 2750	9 01958
TO WI	License #
Stratus of Office of Movement	
Signature of Officer(s) of Corporation	,
Insulation Permit Information Residential () Other (	
Tri-City 418 Persons + taychool 28381	8004081612
nsulation Contractor's Company Name & Address	Telephone

21519

Please answer the following questions then see a !	pplying to Build Their Own Home  Permit Technician to determine if you qualify for permit under Owners Exemption.  Cons as to Issue of Building Permits (Memo available upon request)	
1. Do you own the land on which this b	uilding will be constructed? yes no	
2. Have you bired or intend to hire an individual to superintend and manage construction of the project?  yes no		
3. Do you intend to directly control & su	pervise construction activities? yes no	
4. Do you intend to schedule, contract, done?	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 <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 as per current fee schedule.		
Signature of Owner/Contractor/Officer(s) of		
Signature of Owner/Contractor/Officer(s) of	Corporation Date	
Signature of Owner/Contractor/Officer(s) of	2-3-09 Corporation Date  ker's Compensation N.C.G.S. 87-14	
Signature of Owner/Contractor/Officer(s) of  Affidavit for Wor  The undersigned applicant being the:	Corporation Date	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own	Corporation Date ker's Compensation N.C.G.S. 87-14	
Affidavit for Wor The undersigned applicant being the:  General Contractor  Own  Do hereby confirm under penalties of perjurset forth in the permit:	ker's Compensation N.C.G.S. 87-14 er Officer/Agent of the Contractor or Owner	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own Do hereby confirm under penalties of perjurset forth in the permit: Has three (3) or more employees and	corporation Date  ker's Compensation N.C.G.S. 87-14  er Officer/Agent of the Contractor or Owner  y that the person(s), firm(s) or corporation(s) performing the work	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own Do hereby confirm under penalties of perjur set forth in the permit: Has three (3) or more employees and them.	ker's Compensation N.C.G.S. 87-14  er Officer/Agent of the Contractor or Owner  y that the person(s), firm(s) or corporation(s) performing the work  thas obtained workers' compensation insurance to cover them.	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own Do hereby confirm under penalties of perjurset forth in the permit:  Has three (3) or more employees and them.  Has one (1) or more subcontractors(	ker's Compensation N.C.G.S. 87-14  er Officer/Agent of the Contractor or Owner  y that the person(s), firm(s) or corporation(s) performing the work  d has obtained workers' compensation insurance to cover them.  s) and has obtained workers' compensation insurance to cover  s) who has their own policy of workers' compensation insurance	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own Do hereby confirm under penalties of perjurset forth in the permit: Has three (3) or more employees and them. Has one (1) or more subcontractors(them. Has one (1) or more subcontractors(covering themselves. Has no more than two (2) employees While working on the project for which this propartment issuing the permit may require to	ker's Compensation N.C.G.S. 87-14  er Officer/Agent of the Contractor or Owner  y that the person(s), firm(s) or corporation(s) performing the work  d has obtained workers' compensation insurance to cover them.  s) and has obtained workers' compensation insurance to cover  s) who has their own policy of workers' compensation insurance	
Affidavit for Wor The undersigned applicant being the:  General Contractor Own Do hereby confirm under penalties of perjurset forth in the permit: Has three (3) or more employees and them. Has one (1) or more subcontractors( covering themselves. Has no more than two (2) employees While working on the project for which this propartment issuing the permit may require to issuance of the permit and at any time ducarrying out the work.	corporation Date  ker's Compensation N.C.G.S. 87-14  er Officer/Agent of the Contractor or Owner  y that the person(s), firm(s) or corporation(s) performing the work  d has obtained workers' compensation insurance to cover them.  s) and has obtained workers' compensation insurance to cover  s) who has their own policy of workers' compensation insurance  and no subcontractors.  ermit is sought it is understood that the Central Permitting certificates of coverage of worker's compensation insurance prior	

Plan Box Number <u>I-3</u>

Job Name BIER

Required Inspections for SFA/SFD

Appl. # 09 50021519 Valuation # 188 Sq. Feet 2906

## Sequence

-	
10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
3 <b>0-999</b>	R* Bidg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Bount V
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	Three Tends Bourt To account
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
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
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit
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