Each section below to be filled out by whome/er performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

09500-21714

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits CANNED **Application for Residential Building and Trades Permit** con STRUCTION Site Address: 37 CROSSROP Phone: Directions to job site from Lillington: Subdivision: Two #Bedrooms: 3 Description of Proposed Work: New Heated SF Unheated SF Finished Rec Room? Crawl Space (+) Slab () **General Contractor Information Building Contractor's Company Name** Telephone Addrest Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work Service Size: Amps TPole: yes/no CORPORATION **Electrical Contractor's Company Name** Telephone 6300 SUNSET Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Description of Work 919-231-7793 time + cooline Mechanical Contractor's Company Name Telephone Kirklend 1725-102 16 27603 Address License # Signature of Officer(s) of Corporation **Plumbing Permit Information** # Baths

Description of Work Plumbing Contractor's Company Name Telephone Address

cer(s) of Corporation

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		
	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?		
	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 \$150.00.			
	M 3/25/09		
	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.		
t	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.		
C	Company or Name: Dych constructu LLC		
S	Sign w/Title:Date:Date:		

Plan Box Number B-2

Job Name TINGEN PLACE.

Date: 3-25-09

Required Inspections for SFA/SFD

Appl. # 0956021718 Valuation #131,372. Sq. Feet 2022

Sequence

10 10-30 20 20 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation
30-999	Open Floor 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
10	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