

\* 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 # 0950021788  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: Adam Jackson Date: 5/19/08  
Site Address: 248 Woodland Ridge Dr Fuquay Varina Phone: 678-828-1139  
Directions to job site from Lillington: 401 N. , LEFT ONTO RAWLS CHURCH, 2-3 MILES R WOODLAND RIDGE DR, END OF CUL-DE-SAC

Subdivision: WOODLAND RIDGE Lot: \_\_\_\_\_  
Description of Proposed Work: RESIDENTIAL DWELLING #Bedrooms: 3  
Heated SF 2104 Unheated SF \_\_\_\_\_ Finished Rec Room? NO Crawl Space  Slab ( )

**General Contractor Information**

(As Owner) Adam Jackson Telephone 678-828-1139  
Building Contractor's Company Name \_\_\_\_\_  
108 TALICUD TRAIL APEX NC 27539 Address \_\_\_\_\_ License # As Owner

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

**Electrical Permit Information**

Description of Work All elec. Service Size: 200 Amps TPole:  yes/no  
Apex Elec. Services Inc. Telephone (919) 363-0404  
Electrical Contractor's Company Name \_\_\_\_\_  
800 N. Salem St. Apex NC 27502 Address \_\_\_\_\_ License # 10980-U

Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical/HVAC Permit Information**

Description of Work Supply and install all HVAC  
ARS/RESCUE ROOFER Telephone 919-828-5147  
Mechanical Contractor's Company Name \_\_\_\_\_  
517 Pylon Dr. Raleigh NC 27606 Address \_\_\_\_\_ License # 16245

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work Install plumbing for new house # Baths 2.5  
Plumbing Solutions of NC Inc. Telephone 919-557-3977  
Plumbing Contractor's Company Name \_\_\_\_\_  
1315 Olive Branch Road Fuquay Varina, NC Address \_\_\_\_\_ License # 23076

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

TRICITY INSULATION Telephone 919-7909684  
Insulation Contractor's Company Name & Address \_\_\_\_\_

### 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

5/14/09

### 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:

5/14/09

PLAN BOX NUMBER C-8

JOB NAME ADAM JACKSON

DATE 5-20-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 0950021788

VALUATION 167,431

SQ. FEET 2577

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

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 TINAL > 2500

60

TWO TRADE FINAL

60

TWO TRADE FINAL > 2500

60

ONE TRADE FINAL

60

ONE TRADE FINAL > 2500

999

ENVIRO. OPERATIONS PERMIT