*Each section below to be filled out by whomever performing work. Must be owner or ficensed contractor. Address, company name & phone must match information on license.

Application # 09 500 21847

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Application for Residential Building and Trades P

riil a	SUANNE
<u>Permit</u>	42/09
9 4 4 4	1100

Owner's Name: STEPHENSON PROPERTIES OF BENSON,	Lie	A A 4 4 A	4/2/09
700 710		te: <u>3-31-09</u>	DATE
Site Address: 892 TILGHMAN ROAD		1-894-4436	
Directions to job site from Lillington: HWY 431 TO HWY	Y 27 THRU	COATS TOWA	RD BENSO
RH FAIRGROUND RD I MI - LH TILGHMA	N-2NDLE	T ON RH	
Subdivision: CELEV MINOR SUBDIVISION	Lot:	Э	
Description of Proposed Work: NEW RES. HOUSE	#Be	edrooms: 3	_
Heated SF 1912 Unheated SF 632 Finished Rec Ro	om? <i>NO</i> formation	Crawl Space	(*) Slab ()
STEPHENSON PROPERTIES OF BENSON, INC. 919	-894-4436		
Building Contractor's Company Name Telep	ohone	,	_
POBOX 3, BENSON, NC 27504		62735	
Addrés J. H. PRESIDENT MINT		License #	
Signature of Owner/Contractor/Officer(s) of Corporation	sign & fill out seco	end page	
Electrical Permit Info	rmation		
Description of Work Wife To CODE Service Size:	TOO Amp	s TPole: <u>ves</u> /no	
LIGHTHOUSE ELECTRIC INC 919	7-894-718		
Electrical Contractor's Company Name Teleph	hone		-
632 OLD ROBERTS READ, SLITE 103, BENSON	1,NC 2750	4 22882-4	
Address Dund	-	License #	-
Signature of Officer(s) of Corporation			
Mechanical/HVAC Permit I	nformation		
Description of Work INSTALL HVAC / DUCTWORK			
BARD HEATING & COOLING, INC.	919-963-	0001	
Mechanical Contractor's Company Name	Telephone		
FOBOX 175-2040 HWY965, FOUR OAKS, NO 2	7524	28699	
Addiess , Q		License #	
Harspyld			
Signature of Officer(s) of Corporation			
Plumbing Permit Inform		•	
Description of Work INSTALL PLUMBING TO CODE	# Baths		
CELEY'S QUALITY PLUMBING, INC. Plumbing Contractor's Company Name	919-894-1	813	
	Telephone		
8991 NC HWY 27 E BENSON NC 27504 Address		7405	
Dry Celler		License #	
Signature of Officer(s) of Corporation			
Insulation Permit Informa	ation		
TATUM INSULATION II 519 OLD DRUGSTOR	E ROAD. C.	PNER NO 2.	752a
Insulation Contractor's Company Name & Address	1010101	Telephone	, - 0 1
		Telephone 919 - 661 - 0	999

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?
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 \$2 years permit 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 subcontractors(s) and has obtained workers' compensation insurance to cover
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: STEPHENSON PROPERTIES OF BENSON, INC.
Sign w/Title: K-CU THE 31 DENT Date: 3.31-09

Plan Box Number A-2

Job Name STEPHENSON

Date: 3 - 31 - 69

Required Inspections for SFA/SFD

Appl. # 09 50021847 Valuation # 125, 525 Sq. Feet 1932

Sequence

10	Dê Dide me er
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	Hase Trade Rough In
40	Three Trade Rough In> 2500
40	I wo Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
	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	-
999	One Trade Final > 2500
	Envir. Operations Permit