\*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 # 09 500 21 888
Harnett County Central Permitting

910-893-7525 Fax 910-893-2793 www.harnett.org/permits SCANN	El
Application for Residential Building and Trades Permit  4 28 66  DATE  DATE  DATE	_
Owner's Name: Charge Colfied Date:DATE	-
Site Address:Phone:	
Directions to job site from Lillington:	
Subdivision: NONE Lot: j4	
Description of Proposed Work: Stick built #Bedrooms: 3	
Heated SF 163 Unheated SF 150 Finished Rec Room? 155 Crawl Space () Slab ()	
General Contractor Information	
Building Contractor's Company Name  Telephone	
162 St 102 wynn Chime CT Rol. n. CZ615 63895	
Address License #	
Must sign & fill out second page	
Signature of Owner/Configration/Officer(s) of Corporation	
Description of Work Electrical Permit Information  Description of Work Electrical Permit Information  Amps TPole: yes/no	
Progress Englay 919 413-8335	
Flectrical Contractor's Company Name Telephone 2.1/2/	
ASPIRE & Sons 932 CROSS Link Pal 22713L	
Address License #	
Don William	
Signature of Officer(s) of Corporation  Mechanical/HVAC Permit Information	
Description of Work HVAC	
Yellow Dot HVAC 919 754-8686	•
Mechanical Contractor's Company Name Telephone	
1203 New Hope Rd Ral. NC 06706	
Address License #	
Derald Godin	
Signature of Officer(s) of Corporation  Plumbing Permit Information	
Description of Work # Baths 2	
Original Bused Bee 919625-8476	
Plumbing Contractor's Company Name Telephone	
705 Newcombe Ka Ral nc. 9194	
Address License #	
Signature of Office (1) of Comparting	
Signature of Officer(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)		
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?		
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?yesne		
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 Corporation  Date		
Signature of Owner/Confractor/Officer(s) of Corporation  Date  Affidavit for Worker's Compensation N.C.G.S. 87-14		
Signature of Owner/Confractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:		
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		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General Contractor  Owner  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:		
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		
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		
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.		
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		

Plan Box Number 86

Job Name Balowin Est

Date: 4-27-69

Required Inspections for SFA/SFD

Appl. # 69-580 21888 Valuation # 180 945 Sq. Feet

## Sequence:

10 10-30 20	R* Bldg. Footing R* Elec. Temp Service Pole
20	R* Building Foundation 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
10	The 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
50	Four Tendo Einsteine
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