whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

*

Application # 09-5002/902

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit Date: -Phone: 910-486 Directions to job site from Lillington: Lot: *Wellin*4 #Bedrooms: Description of Proposed Work: Heated SF 1876 Unheated SF 693 Finished Rec Room? Crawl Space (/) Slab () **General Contractor Information** 010-4864 Telephone Breezewood Ave. Ste Address Must sign & fill out second page Electrical Permit Information Description of Work Electrical Cost \$ TS Pole: Yes () No () Underground () Overhead () Permanent Service: Underground () Overhead () Service Size: Amps T& N Electric Corp. 910-487-5000 Electrical Contractor's Company Name Telephone Signature of Officer(s) of Corporate Mechanical Permit Information Type System Description of Work No. I Air. Inc. Number of Units Mechanical Contractor's Company Name Telephone Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Number of Baths Plumbing Cost \$ VANCE JOHNSON PLUMBING DR., FAYETTEVILLE, NC 28306 Plumbing Contractor's Corporary Name Address 7756 P1 910-424-6712 Signature of Officer(s) of Corporation License # Telephone

Insulation Permit Information Residential () Other () Not Required ()

Tri Chy Insulation - 418 Person St., Fey, NC 28301 910-486-8855

Insulation Contractor's Company Name & Address

Telephone

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? 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 Corporation 5-7-09 Date
The state of the s
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
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
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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
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PLAN BOX NUMBER	AA-12	JOB NAME		H. &H. CONSTRUCTION	
		DATE_	5-	12-09	

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 6950021902 VALUATION \$ 153, 268 SQ. FEET 2359

SEQUENCE

T.	
. 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
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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
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