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. license.

S.	Application # 09 500 21939 Harnett County Central Permitting	A-2
ction below to be filled out by r performing work. Must be owner	Application # 09 500 21939	• 1
d contractor. Address, company	Harnett County Central Permitting	
hone must match information on	PO Box 65 Lillington, NC 27546	
Anni	910-893-7525 Fax 910-893-2793 www.harnett.org/permits ication for Residential Building and Trades Permit	
Owner's Name:	Homes Corp Date: 7/13/2009	
Site Address: 54 Micra	ocat Phone: 919-669-4579	
Directions to job site from Lilling	gton: West on 27 about 13 Miles	
then go left or	n Tingen Road then left into	
Dace Place	Subdivision	
Trages Twite	01	
Subdivision:		
Description of Proposed Work:	Wew House #Bedrooms: 3	
Heated SF 1882 Unheater	SF 193 Finished Rec Room? No Crawl Space Slab () General Contractor Information	
Building Contractor's Company	919-669-4579 Telephone	
• • • • • • • • • • • • • • • • • • • •	Me- Mill Rd, Apex NC 27512 42791	
1303 olde Wa Address 12/	License #	
1/1/2		
Signature of Owner/Contractor	Must sign & fill out second page /Officer(s) of Corporation	
	Electrical Permit Information	
Description of Work		
Daniel Browning	Elatric, Inc 919-723-5236	
Electrical Contractor's Compar		
82 Bucking Saddle	Why, Willow Springs 27692 26718-L	
Address	License #	
Signature of Officer(s) of Corpo	ration .	
Signature of Officer(s) of Corpo	Mechanical/HVAC Permit Information	
Description of Work	1 Construction	
A - Heating & Cu: Mechanical Contractor's Comp	any Mame Telephone	
16909 NC Hwy 96	2. Bear Creek 27207 22459	
Address	License #	
Signature of Officer(s) of Corpo	vention	
Signature of Officer(s) of Corpo	Plumbing Permit Information	
Description of Work New	J Plumbina #Baths 2/2	
\sim 11 \sim	11. 5. 0 010 2514	
Plumbing Contractor's Compar	Telephone	
PO Box 233, Ze		
Address	License #	
Aus Cath		
Signature of Officer(s) of Corpo	Inculation Pormit Information	
De Latin Trail	Name & Address Telephone 919-796-5649	
Insulation Contractor's Compa	ny Name & Address Telephone	
Somiation o compon	019-791-5649	
	2(1-100	

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			
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no			
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 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			
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			
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:			
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work			
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.			
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			
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			
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.			
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 A 7

Job Name Infait i Han

Date: 7-13-09

Required Inspections for SFA/SFD

Appl. # 09-50021939
Valuation # 180 993
Sq. Feet 2324

Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40	R* Bidg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bidg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Powels Insp.
40	Four Trade Rough In> 2500
40	1409 Inda Bouch Inda
40	
40	I WO I Tado Royal Inc. accom
40	
50	Une Frade Rough In Space
60	
50	Four Trade Final
60	Four Trade Pinel > 2500
60	integ linds Finel
60	Three Trade Final > 2500
60	t WO I rade Final
60	Two Trade Final > 2500
60	One Trade Final
299	One Trade Final > 2500
	Envir Orange - 2000
	Envir. Operations Permit