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

*

Application #

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: HtH Constructors, Inc. Date:
Site Address: 695 VALLEY OAK DRIVE Phone: 910-486-4864
Directions to job site from Lillington: Hww 27 W to Nursery Rd (SR 1/17)
Lett on Nursery Road: Oett on Lemuel Black Kd (SR 1/25)
left on Valley pak Dr. into Forest Oaks SD.
Subdivision: Forest Oaks Lot: 174
Description of Proposed Work: New Single Family Dwelling #Bedrooms: 4
Heated SF 1945 Unheated SF 582 Finished Rec Room? 48 Crawl Space (XSlab (
General Contractor Information
H+ H (DNStructors, Inc. 910 · 486 · 4864 Building Contractor's Company Name Telephone
2919 Breezewood Ave., Ste 400 31554-U
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation
Description of Work Flectrical Permit Information Electrical Cost \$
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size:Amps
TEN Electric Corp. 910.487-5000
Electrical Contractor's Company Name Telephone
112111 Serindan A 12 14 17 217
Address 18098_5 U License #
Signature of Officer(s) of Corporate
Mechanical Permit Information
Description of Work Number of Units Type System Mechanical Cost \$
Mechanical Compart Air, Inc. 528 W Market St. Smith Reld, NC 27917 Mechanical Company Name Address
Mechanical Company Name H-3-I Address 919.934-1060
Signature of Officer(s) of Corporation License # Telephone
p to the second of the second
Description of Work Plumbing Permit Information Number of Baths Plumbing Cost \$
Description of Work Number of Baths Plumbing Cost \$ VANCE JOHNSON PLUMBING 3242 MID PINE DR FAVETTEVILLE NG 28206
Description of WorkNumber of Baths Plumbing Cost \$
Description of WorkNumber of BathsPlumbing Cost \$
Description of WorkNumber of BathsPlumbing Cost \$

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

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?
yesno
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.
Munic Tunis 8/25/09
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
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor
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.
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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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.
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Plan Box Number	AA8
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Job Name Forest Oaks

Date: 9-2-09

Required Inspections for SFA/SFD

Appl. # 09-500 220 69 Valuation \$ 157 55 6 Sq. Feet 2425

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 In
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 Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit

Plan Box Number	er_AA8		Job Name Forest Sales Date: 6-8-09
Required Inspecti	ons for SEA/SED)	
Sequence	3/2	Va	opl. # 09-50022065 luation 160609 Feet 2472
10			
10-30	R* Bldg.	Footing	/
20	R* Build	Temp Service ling Foundation	e Pole
20	Address (Confirmation	41
30-999 30-999	Open Flo	or 🔪 🍴 🔠	
30-999	R* Bldg.	Slab Insp.	
30-999	R* Elec. (Inder/Slab	
40	Four Trade	Under Slab Rough In	
40	Four Trade	Rough In> 2	500
10	- Ce Trade	e Rough In 🔌	\
40 40	Three Trade	e Rough In> 2	2500
40	1 Wo Trade	Rough In	
40	(Wo Vrade)	Rough In> 25	00 \
40	One Trade R	kough In Lough In > 25(
50	R*/Insulation	n ronRu TU > 52(X 0
60	Four Trade F		
60	Four Trade Fi	nal > 2500	
60	Three Trade F	inal	
60	Three Trade F	in al > 2500	\
60	Two Trade Fin	181 nl > 2500	
60	One Trade Fina	au ~ 4300 d	\
60	One Trade Fina		
999	Envir. Operation	ns Permit	