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

09-500 22134

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: 6/5/09
Site Address: 16 VICTORIANDAICCT Phone:
Directions to job site from Lillington: Hwy 27 W to Nursery Rd (SR 1/17)
Lett on Nursery Road; Vett on Lemuel Black Kd (SR 11/25)
left on Valley Oak Dr.; nto Torest Oaks SD.
Subdivision: Forest Oaks Lot: 175
Description of Proposed Work: New Single Family Dwelling #Bedrooms: 3
Heated SF Unheated SF Finished Rec Room? 125 Crawl Space () Slab ()
General Contractor Information
Ht H Constructors, Inc. 910.486.4864
Building Contractor's Company Name  Telephone
2919 Breezewood Ave., Ste 400  Address  License #
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information
Description of WorkElectrical Cost \$ TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: Amps
T& N Electric Corp. 910.497-5000
Electrical Contractor's Company Name Telephone
4341 Swinder Dr., Fav., NC 28312 25333 U
Address License #
Signature of Officer(s) of Corporate
Signature of Chicers) of Comorato
Machanical Permit Information
Mechanical Permit Information  Description of Work Number of Units Type System Mechanical Cost 5  [Outline Comfart Air, Inc. 528 w Market ≤t, SmithReld, NC 27517]
Machanical Permit Information
Description of Work Mechanical Permit Information  Description of Work Number of Units Type System Mechanical Cost \$  "Avolina Comfort Air. Inc. 528 wi Warket St. Smithfield, NC 27517  Address
Description of Work Number of Units Type System Mechanical Cost \$ ['avoling Comfart Air, Inc. 528 w Warket St. Smith Reld, NC 27877  Mechanical Contractor's Company Name  H-3-I  919.934-1060
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Description of Work Number of Units Type System Mechanical Cost \$    Carolina Comfart Air, Inc. 523 w Worket \(\frac{1}{2}\),
Description of Work Number of Units Type System Mechanical Cost \$    Compart Air Inc.   528 wi Now lest \$1.5mithfield, NC 27517     Mechanical Company Name   H-3-T   919.934-1060     Signature of Officer(s) of Corporation   License # Telephone     Description of Work   Number of Baths   Plumbing Cost \$
Description of Work Number of Units Type System Mechanical Cost \$   Carolina Comfart Air, Inc.   S23 w Worket \( \leq t \), Smith Reld, NC 27377   Mechanical Contractor's Company Name   H-3-T   Address   934-1060   Signature of Officer(s) of Corporation   License # Telephone
Description of Work Number of Units Type System Mechanical Cost \$    Compart Air Inc.   528 wi Now lest \$1.5mithfield, NC 27517     Mechanical Company Name   H-3-T   919.934-1060     Signature of Officer(s) of Corporation   License # Telephone     Description of Work   Number of Baths   Plumbing Cost \$

Insulation Permit Information Residential () Other () Not Required () Insulation Contractor's Company Name & Address

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? 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.			
Muna m 4/5/09			
- 10 10 10 10 10 10 10 10 10 10 10 10 10			
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			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
Signature of Owner/Contractor/Officer(s) of Corporation  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 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			

CRAWL

Plan Box Number AA 8

Job Name Forest Onks

Date: 6-12-09

Required Inspections for SFA/SFD

Appl. # 09-500 22134 Valuation #160 999 Sq. Feet 2478

## Sequence

10	
<del></del>	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
3 <b>0-999</b>	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	There Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	- <del>-</del>
50	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
	One Trade Final > 2500
999	Envir. Operations Permit