* 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 Application # 09-500-22288

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org ication for Residential Building and Trades Permit

SCANNED

	Application for nesidential building and the second		
	Owner's Name: IA Johnson Cons & Custon Homes Free Date: 7-15-09		
	Phone		
	Directions to job site from Lillington: west on 27, Turn right on Buccanan		
	Kal Accoss Light II/23/6/W II/11/10/11/19/5		
	12010 2 110 the nite Lot an right		
	Subdivision: NA Lot:		
	#Bedrooms: 7		
	Crawl Space () Slab ()		
	JA Johnson Const + Coston Homes: Inc 919-820-1438 Building Contractor's Company, Name Telephone 10 20779 61707		
	Building Contractor's Company Name Telephone 173 fr. endship frame frum W 28739 License #		
7	Address / C. / License #		
JUL 17	Must sign & fill out second page		
=	Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Apple 186/100		
!	Description of Work Service Size:Arrips 1 - die, yes no		
į	110 do Flector 146 (910) 077-6214		
1	Electrical Contractor's Company Name Telephone 34 Eagle Rd Conts NC 2762 Address Address License #		
	34 Eagle Rd Coats NC 21021 License #		
	Address Maida		
1	Signature of Officer(s) of Corporation Mechanical Permit Information		
Mechanical Petinic Internation			
	Description of Work (910) 892 - 3197		
	Telephone		
; b.j	Mechanical Contractor's Company Name /OUI Danim Dr. Erwin, NC 28339 Address License #		
ľ	Address The Addres		
į.	1/ What to Mile ly		
l _i	Signature of Officer(s) of Corporation Plumbing Permit Information		
	Description of Work# Baths		
	Glover Contract Plumbing Inc. (7/97 068.09)		
	Plumbing Contractor's Company Name		
	67 Hunter View Coats, NC 27501 25160 License #		
	Address / De De		
	Signature of Officer(s) of Corporation		
	insulation Permit information (G19)661-6999		
	Tatim Insulation IT 51901d Drug Stree Rd (919)001 Insulation Contractor's Company Name & Address Telephone Telephone		
	Insulation Contractor's Company Name a Notice and Contractor of 2752 G		

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?			
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 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. To 9 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:			
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 -2

Job Name JA JOHNSON CONS

Date: 7-20-09

Required Inspections for SFA/SFD

Appl. # 0950022288 Valuation \$175,539 Sq. Feet 2671

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
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