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

Application # 09 - 50022342

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

Owner's Name: HTH CONSTRUCTORS, Inc. Date: 7/10/09

Site Address: 40 > BASILET OAL DIVE Phone:

Directions to job site from Lillington: Hwy 27 W to Nursery Rd (SR 1/17). Left on Nursery Road: Veft on Lemuel Black Rd (SR 1/25)

Subdivision: Forest Oaks Lot: 136

Description of Proposed Work: New Single Family 1) Welling #Bedrooms: 3

Heated SF 1565 Unheated SF 488 Finished Rec Room? NO Crawl Space () Slab 6

Heated SF 13 65 Unheated SF 488 Finished Rec Room? NO Crawl Space () Slab & General Contractor Information

Ht H (ONStructors, Inc.)

Building Contractor's Company Name

POIG Breazer word (One Ste 1/00)

Telephone

2919 Breezewood Ave., Ste 400

Address
License #

Signature of Owner/Contractor/Officer(s) of Corpgration

Must sign & fill out second page

Description of Work _____Electrical Permit Information

TS Pole: Yes() No() Underground() Overhead()

Permanent Service: Underground () Overhead () Service Size: Amps

TEN Electric Corp. 910-437-5000

Electrical Contractor's Company Name Telephone

4341 Swinder Dr., Fay., NC 28312 25333 U. License #

Signature of Officer(s) of Corporation

×

Description of Work Number of Units Type System Mechanical Cost 5

[Cavolina Comfort Air Inc. 528 W Warket St. Smith Reld, NC 27577]

Mechanical Company Name H-3-I 919.934-1060

Signature of Officer(s) of Corporation

H-3-I

License #

Telephone

Description of Work Number of Baths Plumbing Cost \$

VANCE JOHNSON PLUMBING 3242 MID PINE DR., FAYETTEVILLE, NC 28306

Plumbing Contractor's Company Name

Address

Mullian 1774 7756 P1 910-424-6712

Signature of Officer(s) of Corporation License # Telephone

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

Tri Cry Insulation - 418 Person St., Fay, NC 28361 916-485-8855

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? yes no
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.
Munic 7000 7/10/09
Signature of Owner/Contractor/Officer(s) of Corporation 7/10/09 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 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
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 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
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 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.
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

Plan Box Number A7-8

SLAB GARAGE Job Name FOREST OAKS

Date: 7 - 15 -09

Required Inspections for SFA/SFD

Appl. # 69500 2234 2 Valuation # 136, 722 Sq. Feet 2012

Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final
60	One Trade Final > 2500
60	One Trade Final > 2500
999	Envir. Operations Permit